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Evaluation of Leicestershire Local Area Coordination

Leicestershire County Council

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Final Report

Measurement ◆ Evaluation ◆ Learning

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Evaluation of Leicestershire Local Area Coordination Final Report: Executive Summary

- The evaluation of Leicestershire Local Area Coordination (LAC) began in September 2015 and finished at the end of September 2016. The purpose has been to evaluate delivery, effectiveness and impact in order to inform future development and potential roll-out. The fundamental aim of LAC is to increase individual and community capacity, and reduce service demand for costly primary and acute services as well as other public services
- The evaluation has comprised: familiarisation and rapid evidence review; Evaluation Framework design; early stakeholder consultation with the LAC team plus LAC Leadership Group; snapshot data collection via Coordinators on LAC activity at four data points; production of InSite CACI Acorn maps of the LAC areas for two variables to highlight hotspots; qualitative thematic analysis of a sample of LAC Outcome STARs; quantitative analysis of numerical data within Outcome STARs; completion of 23 LAC beneficiary interviews; attendance at two LAC celebration events and consultation with partners and community organisations via 13 community and 27 partner/referrer proformas; a Forecast SROI replicating as far as possible the published Forecast SROI methodology used in the Derby and Thurrock LAC evaluations prepared by Kingfisher (Project Management) Ltd[1]; and an overview of LAC's impact on wider strategic approaches as provided by the LAC Manager.

- An overview of LAC activity from its inception to September 2016 is as follows:

    - Coordinators have worked with approximately 1,498 beneficiaries at Level 1 and Level 2. LAC has worked with a higher proportion of Level 1 (signposting n=963) than Level 2 (more intensive support n=467) beneficiaries
    - Approximately 830 beneficiaries have been signposted by LAC; there are variations in signposting totals across the LAC areas
    - There have been 510 referrals to LAC from other agencies. A wide range of agencies refer to LAC (both voluntary and statutory organisations plus self-referral and via friends and neighbours) showing the complexity of LAC and the issues that beneficiaries need support with
    - There have been 395 referrals to other agencies from LAC. LAC has referred to a wide range of agencies (both voluntary and statutory organisations) showing the complexity of LAC and the issues that beneficiaries need support with
    - Approximately 174 beneficiaries have been supported to access benefits and approximately 21 referrals from the Police to LAC have resulted in LAC contributing to a positive outcome
    - Approximately 520 Outcome STARs have been completed, along with 420 Action Plans
    - LAC beneficiaries are predominantly White British; there is mixed gender usage but overall there is a predisposition towards female beneficiaries; LAC beneficiaries are a mixture of ages but there is a tendency towards older age groups aged 50+.

Summative Q1. What is the overall effectiveness of the LAC intervention – to what extent has LAC been successful in achieving its aims and strategic objectives?

- LAC has been effective in achieving its 'founding' aims and strategic objectives for individuals (a strong focus on assets-based approaches and a community model of delivery, aimed at 'upstream prevention' working with vulnerable residents at risk of crisis). LAC has been moderately effective in achieving its aims and objectives around HSC integration. We conclude that LAC has been less effective in delivering its' community-based objectives; however in our view these outcomes take longer to achieve and the groundwork is now in place

[1] Marsh, H (March 2016), Social Value of Local Area Coordination in Derby: A Forecast Social Return on Investment Analysis for Derby City Council, Kingfishers (Project Management) Ltd

- LAC has had more limited success in achieving the aims and strategic objectives of the Better Care Fund – there is a mis-match between the assets-based and community model of LAC and the BCF
- LAC has retained its 'point-of-difference' compared to 'business-as-usual' during its lifespan and we provide more detail on this in our report
- In general, stakeholders have an accurate understanding of LAC and its remit, with little or no perceived duplication with other services; however a small number are still 'fuzzy' on what LAC does
- There have been some challenges when LAC has to interact with more traditional services and there has been an ongoing 'tussle' and balancing act to deliver a robust evaluation given the minimal data gathering LAC carries out
- We conclude that LAC has been successful in avoiding beneficiary over-reliance.

Summative Q2. To what extent have measurable outcomes been achieved: for Individuals; Community; HSC integration? Are there any gaps?

- A challenge for LAC (and the evaluation) has been the lack of specified and set measurable outputs and outcomes
- Measurable outcomes have been achieved to a good extent for individuals and the main outcomes include: improved quality of life; improved mental health and wellbeing; increased community contacts; reduced social isolation; earlier positive preventative action; avoiding reliance on LAC/building individual capacity; greater control over life; support with debt/finance issues; supported into training/employment/volunteering; greater control over health; and maintaining independence at home for longer. LAC is effective in asking beneficiaries what their vision of 'a good life' looks like and builds a personal action plan; LAC helps beneficiaries 'navigate the system' and access support/services; Coordinators accompany beneficiaries to groups/events/appointments and this is a real enabler; and Coordinators provide a range of practical and emotional support and reassurance to beneficiaries
- Measurable outcomes have been achieved to a moderate extent for HSC Integration. The main impacts are: support for beneficiaries in navigating services; reduced pressure on other services; and expected longer-term cost savings. LAC plays a key role in making effective referrals and linkages between local groups and networks
- Measurable outcomes have been achieved to a lesser extent for Community-based impacts, which can take longer to achieve than individual impacts. However the 'glue' is in place whereby Coordinators have a good level of knowledge of local assets, and are able to 'match' these effectively to assist a beneficiary. The beneficiary findings provide some evidence of community impacts including: reduced social isolation and increased participation in community activities; LAC enables beneficiaries to take that first step, which then builds confidence in other areas of the beneficiary's life; and we detail in the report some early evidence of broader community impacts and increased community capacity
- The SROI findings provide positive evidence of measurable outcomes for LAC, demonstrating positive SROI ratio of £4.10 in accumulated benefit for every £1 spent (based on 15 months' worth of input and activity from the end June 2015 to end September 2016) . Additionally, Coordinators estimate that.53 prospective future critical incidents have been avoided as a result of LAC's work and these are likely to result in substantial further benefits over and above those calculated for the SROI. We provide an indicative order-of-magnitude estimate for the additional benefits gained from avoidance of critical incidents in the main report.

Summative Q3. How sustainable do we assess identified outcomes to be: for Individuals; Community; HSC integration?

- There is evidence of sustainability of outcomes to a moderate extent for Individuals; there is evidence of sustainability of outcomes to some extent for HSC Integration; there is less evidence of sustainable outcomes for Community-based impacts. These outcomes can take longer to achieve; however the groundwork is in place. The Logic Model timeline for the delivery of outcomes for Community impacts needs more realistic with clearer expectations of the time it takes to deliver this – we suggest a more realistic timeframe is 5-10 years, rather than 2-5 years.

Summative Q4. Are there any beneficiaries for whom impact of the intervention has been greater / reduced?

- We have identified in our full report the individuals for whom the impact of LAC has been greater, including those who may be in touch with a range of different services already, some of which may not 'talk' to each other; those who may have had negative experiences of more 'formal' services; those who don't meet the eligibility criteria/thresholds for other services; and those who have been 'signed off' mainstream services but may need continuing support
- We conclude that: it has been more challenging to make LAC successful (and therefore LAC is likely to have less impact for residents) in areas with less community infrastructure; and as LAC is not a prescriptive service, the impact of LAC for some beneficiaries may be lessened as they may not be ready to take the steps to help them move forward.

Summative Q5. How plausible is it that the intervention will lead to the achievement of short (learning) outcomes, medium (action) and long (conditions) outcomes in the Logic Model?

- LAC has already begun (and will continue to lead to) the achievement of short-term (learning) outcomes in the Logic Model, mostly for individuals. It is plausible that LAC will to lead to the achievement of medium-term (action) outcomes in the Logic Model and in some instances, LAC has already begun to deliver some of these medium-term outcomes (reduced social isolation, improved quality of life, improved mental health and wellbeing, increased community contacts). It is plausible that LAC will lead to the achievement of long-term (conditions) outcomes in the Logic Model. There is already early evidence of improved health and wellbeing, improved social capital and reduced reliance on public services due to LAC and it is plausible for longer-term outcomes to be delivered here.

Summative Q6: How plausible is it that the intervention will have an impact on the BCF metrics in the longer-term?

- We conclude that it is less plausible for LAC to have an impact on the BCF metrics in the longer-term. However, the broad approach here is fundamentally about the re-direction of public investment away from treatment and towards prevention; the evaluation has gathered positive evidence of the impact of LAC in contributing to this agenda.

Summative Q7. Have any outcomes occurred which were not intended? Are they positive or negative? How significant are these?

- In terms of positive unintended outcomes, LAC has had a positive impact on wider Council ways of working and strategic approaches in a number of areas (detailed in full report)
- There have been negative unintended outcomes linked to: the bases of some Coordinators and political complexity; some partners are unsure about what LAC is and does, and there is some perceived duplication with existing services; there is a continuing need to move partners and commissioners away from the mindset of the traditional service model which will take time; there have been some challenges where LAC interfaces with more traditional services; and the emotional toll the role has on the Coordinators.

Summative Q8. What have been the most successful elements of the intervention? What worked less well?

- The most successful elements of LAC have comprised: the relationships between Coordinators, and beneficiaries and local partners – trust, flexibility and effective networking; Coordinator knowledge of local assets and ability to match this with beneficiary support needs; Coordinators being located within the communities they work; the lack of specific agenda for Coordinators making them less threatening; and the personal skills and commitment of the Coordinator team. We have highlighted a number of elements which have worked less well and these have fed into our response to Q9.

Summative Q9. What are the key considerations for continuous improvement and potential roll-out, in terms of impact of the intervention?

- More effective initial promotion and awareness raising amongst partners and local communities about LAC

- Greater promotion and showcasing of LAC's achievements, and better explanation of what LAC is and does via practical examples
- Clear thought to be given to the most effective strategic oversight of any rolled-out LAC allied with a Communications Plan and clear strategic vision about LAC's future direction
- Better definition and clarity about the interaction with / touch-points of LAC with its partners
- The need to consider staffing in a rolled-out programme in order to protect time for strategic planning and thinking as distinct from the operational delivery of the programme
- Active management of important relationships with GPs and NHS / CCG partners
- A need to manage commissioner and partner expectations of LAC as being different to the 'investment in / outcomes out' model associated with more traditional services
- Recruitment of the 'right' Coordinators - skills, personal qualities and personal commitment
- Sharing good practice and the diverse skills of Coordinators across LAC areas as a whole
- Giving careful consideration to which areas will be the focus for any rolled-out LAC reflecting the evaluation learning points
- Amend and manage the timeline expectations for achievement of the longer-term outcomes in the Logic Model, especially for community cohesion impacts - we think this could take 5-10 years to be achieved
- A more effective Knowledge Management System for any rolled-out LAC programme.

Summative Q10. To what extent do we have confidence in the robustness of our findings and recommendations?

- We are confident that the evidence base for our evaluative judgements is at least as robust as that gathered in other similarly-resourced LAC evaluations. We note in our report some important caveats about the robustness of our findings.

Attribution Q1: To what extent do we assess the plausibility of achieved outcomes being attributable to the intervention itself, rather than to other factors – to what extent has LAC 'made the difference'?

- It is highly plausible that achieved outcomes are attributable to LAC rather than to something else, for those individuals for whom LAC works better and whose needs are not met by other more traditional services - for this group we would crudely assess the attribution level to be approximately 90%. It is moderately plausible that achieved outcomes for HSC Integration are attributable to LAC rather than something else, but that there is more scope here for other factors to also contribute. It is much less plausible that any changes in community impacts are attributable to LAC directly.

Attribution Q2: To what extent do we assess the plausibility of any changes in BCF metrics in the longer-term being attributable to the intervention?

- It is much less plausible that any changes in BCF metrics in the longer-term will be attributable to LAC rather than to something else. We would crudely assess the attribution level to be approximately 10%.

Counterfactual Q1: To what extent do we assess that any identified outcomes would not have happened anyway?

- For Level 2 beneficiaries with more complex support needs and for whom the LAC model is a good fit, the outcomes would not have occurred without LAC (the counterfactual evidence is stronger). For Level 1 beneficiaries it is possible that other factors would have improved their outcomes even if LAC had not existed (the counterfactual evidence is weaker).

Counterfactual Q2: To what extent do we assess the 'additionality' of the LAC intervention – compared to 'business-as-usual' (with BAU comprising existing models of service delivery and existing ways of working).

- There is additionality as a result of LAC, but there are some grey areas where this is less clear-cut: for instance in some LAC areas there are befriending schemes active in the community as well as faith-based groups. Overall, LAC is not duplicating the work of existing community groups but working alongside them to strengthen the 'glue' in communities and enhance community infrastructure. We conclude that there is additionality as a result of LAC.

Final Report – October 2016

The evaluation of Leicestershire Local Area Coordination (LAC) began in September 2015 and finished at the end of September 2016. The purpose of the evaluation has been to evaluate delivery, effectiveness and impact in order to inform future development and potential roll-out of LAC. The evaluation has comprised both formative (process) and summative (outcome) elements. LAC is a complex community-based intervention, delivered in 10 very different local areas in four of the County's Districts, operationally delivered by 8 Coordinators with varied backgrounds and different working styles. LAC works with beneficiaries who are vulnerable and often experiencing a range of multi-layer complex challenges. LAC is designed to have an impact on three levels: Individual, Community, and Health and Social Care Integration.

LAC is not prescriptive but is more fluid and organically evolving. LAC is part of the Unified Prevention Offer part of the Better Care Fund, and the pilot is a crucial way of testing whether the LAC assets-based approach produces the results it is intended to deliver. The evaluation learning will inform wider work in the County around strengthening community resilience. The fundamental aim of LAC is to increase individual and community capacity, and reduce service demand for costly primary and acute services as well as other public services. It is part of the 're-imagining' of public services that place less reliance on service provision, and more emphasis on self-sufficiency.

The LAC pilot began delivering in June 2015 with an original planned end date of November 2016. Since our first update report in January 2016, an initial Business Case for LAC's roll-out was prepared for the two CCGs, which was subsequently declined by West Leicestershire CCG in February / March 2016 because of limited evidence of early impact. This echoes the key findings in our January update report, but we also note that it was too early a point in LAC's lifespan to report summative findings. It was agreed to extend the current LAC pilot up to March 2017. A new Business Case is due in September 2016 which we understand will include plans to roll LAC out County-wide with 37.5 FTE Coordinators in post as of 1st April 2017. Since our first update in January 2016, one of the current LAC Coordinators has been appointed as Senior Coordinator which means she spends half of her time supervising the LAC Coordinators and the other half delivering the LAC Coordinator function in her area.

In **Section 1** of this report we re-cap on our key activities/methodology. We adopted an early focus on formative or concurrent (process) evaluation to assist the shaping of LAC as it developed, and our three previous update reports have provided comprehensive formative findings as LAC has evolved. In **Section 2** we focus on our summative (outcomes) key findings and conclusions from the evaluation, along with our attribution and counterfactual conclusions. We have woven in the key formative findings from our previous reports. The **Appendix** contains a range of supporting information and research materials, from which we have extracted the key findings and learning points in the body of the report.

1. Evaluation activities / methodology

a) Familiarisation: We adopted an early focus on learning more about the LAC intervention in order to frame our evaluation approach via: a rapid evidence review of national and local policy documents and other LAC evaluations; review of data measurement / data capture tools used by other LAC interventions; scoping visits and Coordinator visits (Hastings Ward, Enderby, Braunstone Town and Thorpe Astley); accompanied visits to meet a small number of beneficiaries; scoping discussion with the LAC Manager
b) Designed an Evaluation Framework based on HM Treasury's Magenta Book
c) Early stakeholder consultation via telephone interviews with the 8 LAC Coordinators and LAC Manager, 12 members of the LAC Leadership Group, and one member of the Integration Executive to identify progress, challenges and early learning
d) Design of a case study template for the Coordinators to populate – 16 case studies prepared by Coordinators were analysed for our second report and the framework informed our subsequent qualitative review of STARs and stories; 8 further community case studies have been prepared by Coordinators (see Appendix L)
e) Snapshot data collection process established and data gathered via Coordinators - activity data and reflective learning points at four data points (December 2015, April 2016, July 2016, September 2016)
f) Preparation of a data capture action plan in March 16 to guide remaining evaluation data collection

g) Forecast SROI work:
- More detail is provided in Appendix K. As far as practicable we replicated the published Forecast SROI methodology used in the Derby and Thurrock LAC evaluations prepared by Kingfisher (Project Management) Ltd[2]. It is important to note that we have carried out a fit-for-purpose, 'slimline' version of a Forecast SROI
- We reviewed the outcomes and indicators within the published Derby SROI report to scope out what data is required and should be available for Leicestershire LAC; updated the SROI domains table with primary data available from the evaluation elements and ensured our research design captured these elements
- The snapshot activity data obtained from Coordinators at four data points has provided vitally important data on the number of Level 1 and Level 2 beneficiaries – this has formed the Leicestershire sample base for the SROI calculations
- Additional Leicestershire-specific data has been drawn from three main sources: the quantitative analysis of Outcome STARs; the qualitative review of Outcome STARs; specific questions for Coordinators in the July and September 2016 snapshot data collection phases
- For some domains and measures comparable local data has not been available – further detail is provided in Appendix K
- We set up an analysis model in Excel replicating the Derby SROI framework, to which we have added Leicestershire-specific data wherever possible
- Data on the value of inputs per annum were obtained from the client and we carried out a 'sense check' on these figures
- We approached Fire and Rescue Service and EMH Homes contacts for data but unfortunately, no data was provided
- We have populated the SROI domains wherever possible with Leicestershire-specific data and calculated the Forecast SROI.

h) InSite CACI Acorn mapping:

- Liaison with Coordinators about the LAC study area boundaries and LAC area maps drawn up by MEL using InSite CACI software
- Part-beneficiary postcodes were provided by Coordinators but when we attempted to map these within the LAC study areas, the postcode sectors were large in comparison to the size of the LAC area so the mapped data points were not meaningful. Instead we have mapped the LAC study areas using Health and Wellbeing Acorn data by two variables: a) WEMWBs (Warwick and Edinburgh Mental health and Wellbeing Score) of under 32 and b) Social Capital measure – 'belonging to neighbourhood'. These maps (see Appendix J) reveal 'hotspots' and a wealth of insight for both measures within the LAC study areas (as well as highlighting some hotspots beyond the LAC area boundaries).

i) Qualitative thematic review of 30 Outcome STARs (3 per LAC area out of total of 419), 10 LAC Stories (1 per area out of total of 113), and 7 Community STARs (1 per area out of a total of 22 – data gaps are Enderby, Thorpe Astley and Braunstone Town); we thematically reviewed the information using a conceptual analysis framework. Documents were selected at random but were in part determined by which documents were the most complete (as a number were not); learning points compiled

j) Quantitative Outcome STARs analysis: of 'before' and 'after' numerical data of n=94 Outcome STARs re-processed for completeness by Leicestershire County Council. We applied a conceptual framework to the qualitative themes recorded on the Outcomes STAR prongs and allocated them to relevant domains within the SROI framework (e.g. self-confidence, social isolation, improved mental health and wellbeing). We analysed the 'before' and 'after' numerical data to indicate the number of Outcome STARs showing positive change over time and

[2] Marsh, H (March 2016), Social Value of Local Area Coordination in Derby: A Forecast Social Return on Investment Analysis for Derby City Council, Kingfishers (Project Management) Ltd

expressed this as a percentage of the total 94 Outcome STARs. It is important to note that one individual will have data on more than one STAR prong (most have data on up to 5 STAR prongs) This has produced data in its own right as well as important data to populate the SROI domains

k) Beneficiaries consultation: small pre-pilot to inform the design and completion of n=23 beneficiary interviews (mostly by phone but 3 conducted face-to-face at stakeholder events in July 2016). Coordinators provided 33 beneficiary contact details so we spoke to 69% of individuals whose details were provided to us (we had to make repeated attempts for some and set an upper limit of a maximum 5 attempts). Appendix F contains further details about the sample along with learning points

l) Later-stage stakeholder consultation with LAC partners and community organisations:

- We attended two LAC celebration stakeholder events in July incorporating four LAC areas (Melton and Barwell). Informal discussions held with participants; self-completion proformas administered; some contacts were emailed post-event with proformas for completion. Other Coordinators distributed self-completion prorformas to stakeholders on our behalf. In total the following data was captured (a more detailed breakdown is included in Appendix G):
  - 13 community proformas
  - 27 'professional' (partner/referrer) proformas.

m) LAC's impact on wider strategic approaches: overview provided by the LAC Manager.

2. Summative Key Evaluation Findings and Conclusions

Evaluation Framework Summative Q1: What is the overall effectiveness of the LAC intervention – to what extent has LAC been successful in achieving its aims and strategic objectives?

- Background information about LAC's strategic aims and objectives, and how it fits into the wider policy context in Leicestershire are included in our evidence review summary (see Appendix C). The Leicestershire LAC Outline Business Case defined the purpose of LAC as being to provide, '*a model of support for vulnerable people which focuses on identifying and supporting those who need help before they hit crisis, and working towards building a inclusive resilient community around them*'[3]. LAC formed a key component of the Better Care Fund and Leicestershire County Council's Communities Strategy, both of which aim to reduce demand on public services and build resilience in communities. It had broad objectives focusing on: Improving health, wellbeing and independence (Individual impact); building community capacity (Community impact); and supporting integration and joint working (HSC Integration impact)
- A summary of the headline measures within the snapshot activity data reported by Coordinators confirms the **volume of LAC activity** since it began:
  - Coordinators have worked with approximately **1,498 beneficiaries at Level 1 and Level 2** to date. Where the breakdown is known, LAC has worked with a higher proportion of Level 1 (signposting n=963) than Level 2 (more intensive support n=467) beneficiaries
  - **National good practice** indicates that each Coordinator should be working with around 65 beneficiaries at Level 2 after 12 months. Based on the total of approximately 467 beneficiaries worked with at Level 2, this crudely equates to approximately 47 per each of the 10 areas (or 58 for each of the 8 Coordinators). This crude calculation indicates that LAC is currently below the national good practice level after its' first year anniversary, but it is important to note that the pattern of beneficiary use is very fluid and assumes that workload and beneficiary 'needs' are equal across areas, which we recognise is highly unlikely to be the case. It is also important to note the fluidity of these figures – beneficiaries move between 'levels' (1 and 2) and data updates represent new beneficiaries worked with in each period - Coordinators have still been working with some beneficiaries captured in earlier figures in the intervening time

[3] Leicestershire Local Area Coordination Outline Business Case, June 2014

- There have been **510 referrals to LAC from other agencies**. As in our previous updates, a wide range of agencies refer to LAC (both voluntary and statutory organisations plus self-referral and via friends and neighbours) showing the complexity of LAC and the issues that beneficiaries need support with. The main ones for the September 2016 update include: self-referrals (n=19); Social Care (n=18); Alzheimer's Society (n=10); Housing (n=6); Job Centre (n=6); GP surgeries (number unspecified); a range of other LA partners (Early Help Hub, Tenancy Support, Supporting Leicestershire Families) plus a range of community centres and groups. There are **variations in the number of referrals** from other agencies to LAC across the LAC areas. It is important to note that there have been far fewer referrals to LAC from other agencies in Thorpe Astley
- Approximately **308 word of mouth referrals** have been received from family members/neighbours of beneficiaries since LAC began
- There have been **395 referrals to other agencies from LAC** to date. As in our previous updates, LAC has referred to a wide range of agencies (both voluntary and statutory organisations) showing the complexity of LAC and the issues that beneficiaries need support with. The main ones for the September 2016 update include: statutory organisations such as Social Care, Housing, GP surgeries, DWP; First Contact Plus, Police, Adult Learning; a range of local voluntary groups; and larger charitable organisations including VASL, Carer's Support and Macmillan. There are **variations in the number of referrals** to other agencies from LAC across the LAC areas. It is important to note that there have been far fewer referrals from LAC to other agencies from LAC in Thorpe Astley
- Approximately **830 beneficiaries have been signposted by LAC**. Once again, there are **variations in signposting totals** across the LAC areas
- Approximately **174 beneficiaries have been supported to access benefits**
- Approximately **21 referrals from the Police to LAC have resulted in LAC contributing to a positive outcome**. This does not include the wider work with beneficiaries around offending, as these do not emerge from an initial Police referral.

- We conclude that overall, LAC has been **effective** in achieving its 'founding' aims and strategic objectives for individuals. The 'founding' aims of LAC had a strong focus on assets-based approaches and a community model of delivery, aimed at 'upstream prevention' working with vulnerable residents at risk of crisis. We conclude that LAC has been **moderately effective** in achieving its aims and objectives around HSC integration. However, we assess that LAC has been **less effective** in delivering its' community-based objectives (see Q2 for further information)
- We conclude that LAC has had **more limited success** in achieving the aims and strategic objectives of the **Better Care Fund** (in particular the BCF KPIs). We note in our response to Q2 that LAC does not formally report against the KPI metrics and what data is reported is largely qualitative and narrative information. We have highlighted in our previous reports the potential 'mis-match' between the assets-based and community model of LAC (by which a range of 'softer' outcomes are more likely) with the BCF metrics. However, we understand that future funding for any rolled-out LAC programme is now likely to originate from Leicestershire County Council rather than BCF, so this may be more of a moot point
- We assess that LAC has **retained its 'point-of-difference'** compared to 'business-as-usual' during its lifespan to date – LAC is not a service; doesn't have a criteria threshold or specific agenda; has no targets; no prescriptive outputs and outcomes; no referral pathways; no eligibility criteria (other than living in the 10 areas); limited paperwork; and is not time-bound. Coordinators have the flexibility to respond to and work with beneficiaries to help them achieve their vision of a good life and are not limited to a set number of weeks or prescribed methods of contact; and doesn't have formal procedures and protocols for the collection of beneficiary/demographic information
- **Stakeholders** broadly concurred that what is different about LAC is that it has the time and resources to work with beneficiaries in an ongoing way, can make home visits, and that the intervention is 'whole person'. Crucially LAC provides 'one point of contact' for beneficiaries. We conclude that generally, stakeholders consulted have an accurate understanding of LAC and its remit, with little or no perceived duplication with other services; however a small number are still 'fuzzy' on what LAC is there to do. For instance, three members of a Neighbourhood Policing Team contacted via the Melton stakeholder event in July 2016 felt unable to respond to the proforma as they didn't know about LAC and what it does
- There have however been challenges and learning which have emerged over time when LAC has to interact with more traditional services and there has been an ongoing 'tussle' and balancing act to deliver a robust evaluation given the minimal data gathering LAC carries out (further information is presented later in this report)

- A critical success factor for LAC is that beneficiary over-reliance on LAC as 'another service' was to be avoided, with the Coordinators working with beneficiaries to build their own capacity and resilience. We conclude that the Coordinators have a clear view that this is their remit and put this into practice as far as they can. To a large extent we conclude that LAC has been successful in **avoiding beneficiary over-reliance** (Coordinator estimates gathered for the SROI analysis confirm this, informing our estimate that 5% of beneficiaries may be dependent on LAC, which we assess to be an acceptably low level for this type of intervention). However, we caution this by noting that some beneficiaries need more proactive and ongoing support from LAC (see community case study 2 in Appendix L).

Evaluation Framework Summative Q2: To what extent have measurable outcomes been achieved: for Individuals; Community; HSC integration? Are there any gaps?

- A challenge for LAC (and the evaluation) has been the **lack of specified measurable outputs and outcomes** set for the intervention. This reflects the tension between the 'founding aims' of LAC as a community and assets-based model and the linking in with BCF funding – it was agreed at an early point by the LAC Leadership Group that LAC would not report into the BCF metrics. LAC does not report to any KPIs, and updates provided are largely narrative and qualitative in nature. A learning point for any rolled-out LAC is greater clarity about what measures or metrics any rolled-out LAC will report against
- Snapshot activity data indicates that approximately **520 Outcome STARs** have been completed since LAC began, along with **420 Action Plans**. However, we note that only a minority of Outcomes STARs contain 'before' and 'after' numerical STAR point data. To help improve data completeness and quality for the quantitative analysis of STARs data, a batch of n=94 Outcome STARs have been re-processed to provide a more robust dataset for us to analyse for this report

- Overall we conclude that measurable outcomes have been achieved to a **good extent** for individuals but note that this data has not been in a readily-accessible format – it has had to be proactively processed by the evaluators. We have gathered positive evidence of the outcomes of LAC for individuals from a range of data sources including snapshot data updates (see Appendix E), the qualitative review of STARs and stories, quantitative analysis of STARs data (Appendix I), stakeholder perceptions, and via the beneficiary consultation. In addition, LAC Coordinators have provided powerful beneficiary case studies earlier in the evaluation, and these informed the qualitative review of STARs and stories conceptual analysis framework

- The thematic **qualitative review of Outcome STARs** highlight that out of 30 STARs reviewed, a range of **Individual** impacts for beneficiaries can be identified. It is difficult to infer from this sample that these individual impacts are transferable to a wider sample of beneficiaries as the experience of each beneficiary is so personal and tailored, but they do provide some indication of likely wider impacts for individuals:

    - Improved quality of life (26/30 STARs or 86%)
    - Improved mental health and wellbeing (23/30 STARs or 76%)
    - Increased community contacts (15/30 STARs or 50%)
    - Increased social interactions / reduced social isolation (14/30 STARs or 46%)
    - Earlier positive preventative action (e.g. when increased use of services is a positive in terms of subsequent cost savings – for instance visiting the GP at a timely point) for instance correctly taking medication, falls prevention, home adaptations, heating installation, supported referral to Complex Mental Health Team, care package being put in place, support to move into sheltered accommodation (12/30 STARs or 40%)
    - Avoiding reliance on LAC / building individual capacity (11/30 STARs or 36%)
    - Individuals supported to have greater control over life (10/30 STARs or 33%)
    - Support with debt / finance issues (9/30 STARs or 30%)
    - Individuals supported into training / employment / volunteering (8/30 STARs or 26%)
    - Individuals supported to have greater control over their health (7/30 STARs or 23%)
    - Individuals supported to be independent at home for longer (5/30 STARs or 16%)
    - Crisis points being avoided including prevention of hospital admission due to potential further falls, homelessness, and via support to access mental health counselling (3/30 STARs or 10%)
    - Individuals supported to travel independently (3/30 STARs or 10%)

- Individuals supported to avoid eviction for financial reasons (2/30 STARs or 6%)
- Individuals supported with clutter / hoarding and thereby reducing fire risk (2/30 STARs or 6%).

- The **beneficiary consultation** has highlighted a range of Individual impacts for beneficiaries, which overlap with wider community benefits. We would summarise the key themes emerging from the data as including:

  - Findings confirm that the initial 'referral' to LAC can be on the basis of a tangible issue but underlying this can be a wide range of **complex issues** which LAC supports the beneficiary with
  - LAC effectively asks beneficiaries 'what a good life looks like' and builds a practical action plan based on personal interests and motivations e.g. arts and crafts, health and beauty
  - The key role that LAC plays in helping beneficiaries **navigate the system**, to access other support and services
  - There is a real focus on working at the beneficiary's pace but always **enabling them to do things for themselves**. This continues to be an important finding as one of the key aims of LAC is to empower and build capacity, rather than building reliance on LAC as 'another intervention/service'
  - The supportive way that LAC works, particularly accompanying beneficiaries when attending a new group, going to a new place or even visiting the GP for the first couple of times until they feel confident going alone – this is a real enabler
  - We have highlighted in our previous reports that Coordinators may not be able to solve a beneficiary's problems but they provide a vital role in providing support and reassurance to enable them to cope with the problems they face
  - We summarise the key roles that Coordinators play as being: a) helping beneficiaries to **navigate the system**; b) providing beneficiaries with a range of **practical and emotional support** e.g. access to Foodbanks, wider agencies, increased knowledge and access to financial support (e.g. PIP and Attendance Allowance), access to home adaptations e.g. grab rails and Lifeline; c) **reducing social isolation** by introducing beneficiaries to the wider community infrastructure.

- We have included below some illustrative and powerful **quotations from the beneficiary consultation** which demonstrate the way LAC works and its' impact:

'Having worked all my life I could get very lonely because my husband died a few years ago and...I need to get out and talk to people....and that is what he (Coordinator) helped me to do'

'If you meet one person you most likely meet someone else through that person and that goes on'

'He (Coordinator) always gets back to you and always succeeds in helping you with whatever problem you've got…He is involved ..He doesn't just come in and gets blah blah blah at the door; he actually spends time and listens'

'She has completely changed my life… my way of looking at things and doing things'

'I am nearly 70 and I am beginning to live now'

'She gets me out of the house and mixing with people'

'I would probably manage going out and socialising by myself in the near future'

'I am doing things I haven't done before: going shopping, meeting people and talking to them on the street. My parents used to take me if I wanted to go anywhere, but now if I want to go, I just catch the bus'

'All I've had from it really is the baby group (which is finished now). Made so many friends from the group, if it wasn't for the group none of us would know each other probably. There is a group of about 20 people who now all know each other'

'What she has told me is that I can be strong, that I don't have to be defeated, that I can stand on my own two feet ...and I have been able to start making friends with people again'

- The analysis of **quantitative data from 94 Outcome STARs** indicates that there is evidence for beneficiaries of:
    - Reduced levels of social isolation, with an improvement in the 'before' and 'after' numerical data in 41 STARs (44% of the 94)
    - Improved mental health and wellbeing, with an improvement evident in 18 STARs (19%)
    - Improved finance / debt management, with an improvement evident in 15 STARs (16%)
    - Improved independence, with an improvement evident in 11 STARs (12%)
    - Improved health, with an improvement evident in 14 STARs (15%).

- Approximately**174 beneficiaries have been supported to access benefits** and **21 referrals from the Police** to LAC have resulted **in LAC contributing to a positive outcome.**

- The **SROI findings** (see Appendix K for further detail, caveats and assumptions) provide positive evidence of measurable outcomes for LAC. The analysis confirms that based on 15 months' worth of input and activity from the end of June 2015 to the end of September 2016, Leicestershire LAC will generate a fiscal, economic and social return equating to a **Present Value[4] of £1,857,391** over the period to September 2018, deriving from a **total input cost of £453,375**. This equates to a **positive SROI ratio of £4.10 in accumulated benefit for every £1 spent**. This is a ratio slightly higher than that published for Derby.

- **The 53 prospective future critical incidents** estimated to have been avoided as a result of LAC's work with beneficiaries are likely to result in substantial further benefits over and above those calculated for the SROI 'return on investment' period of three years. To provide an **indicative order-of-magnitude estimate** for the additional benefits gained from avoidance of critical incidents, the potential avoided costs to the public services might be estimated at between £200,000 and £330,000 per critical event avoided, based on broad comparative research. Added to this is the potential further economic benefit to the beneficiary, for example reflecting a proportion of beneficiaries that could remain economically active. A reasonable provision for this might average £30,000 over the three year period. When added to the avoidable public service costs this creates a net additional return of between £230,000 and £360,000 per attributable beneficiary. At the lower end of the range band projected, if a 50% attribution is applied to the lower unit return figure, an additional 'prevented critical event' return of £6.1 million is derived for the LAC project delivered over the 15 month period. At an upper estimate of 67% attribution on the higher figure, the additional 'prevented critical incident' return is £12.8 million. Thus, in round-number terms given the uncertainty of this estimation, it could reasonably be stated that the baseline SROI return of £1.86 million is potentially supplemented by an additional return of between £6.1 - £12.8 million due to avoided critical events, thereby increasing the total net return by a factor of between 3 and 7.

- The 'rough and ready reckoner' supplementary SROI analysis to identify any areas **where LAC makes a particular impact / has the greatest ROI** to inform the future targeting of interventions (see Appendix K for further detail and caveats) has identified that:

    - Overall, the cumulative three-year return to all agencies is £249.1k which is about £1 in every £8 of the total SROI. We assume this is a fiscal return in terms of net reduced service demand
    - Therefore out of the total £453.4k input value, more than half of this (55%) is offset to the agencies as a direct return to themselves. It is therefore possible to argue that the net cost to the public purse over 3 years is less than half the gross input value used to calculate the SROI

[4] Based on an annualised discount rate of 3.5% for the period stated.

  - Just under half (46%) of the agency return accrues to Leicestershire County Council, with the other significant beneficiary being CCGs (which get a sixth of the agency return or 16%).

- We conclude that measurable outcomes have been achieved to a **moderate extent** for HSC Integration, however not to the same extent as has been achieved for individuals. The **qualitative thematic review of Outcome STARs** identified the following **HSC Integration** evidence:

  - LAC enabling beneficiaries to navigate services (9/30 STARs or 30%)
  - LAC reducing pressure on other services / reducing duplication (8/30 STARs or 26%). Examples include: referral to dementia support organisations thereby 'freeing up' statutory services; reducing pressure on Adult Social Care as support no longer required; reduced pressure on Melton BC Housing Department debt collection team, Job Centre, Court services and homelessness/housing organisations
  - Expected longer-term cost savings due to LAC (7/30 STARs or 23%). Examples include: greater employability; access to physiotherapy thereby improving physical skills; access to mental health counselling; home adaptations enabling independent living at home.

- The findings from the stakeholder consultation / events in July 2016 (as well as the beneficiary consultation) highlight that LAC plays a key role in making effective referrals and linkages between local groups and networks, and acting as a navigator of a plethora of more traditional services on behalf of beneficiaries.

- We conclude that measurable outcomes have been achieved to a **lesser extent** for Community-based impacts. Our conclusions on this include:
  - It is important to remember that LAC has only been in operation since June 2015, and in our experience it can take up to 6 months (at least) for a new intervention / service to mobilise and begin effective operational delivery. The Coordinators had to familiarise with their areas, the local demographic, with the existing asset base and community infrastructure, and begin and build on effective networking with a range of partners
  - Measurable outcomes for community-based impacts can in our view take longer to achieve than individual impacts, which are more immediate and tangible
  - The data that LAC collects comprises the Outcome STARs and Stories / case studies. These, are in the main, focused on individual beneficiaries and less specifically focused on wider community impacts
  - A common theme amongst Coordinators when asked in the final set of reflective questions about how LAC should demonstrate its impact over time, was the prominence in their responses of community-based impacts. Again, this confirms that the Coordinators are clear on LAC's longer-term role in building local assets and community capacity. Suggestions for demonstrating impact of LAC over time included:

    - Highlight the volume of community-based connections
    - Measure growth in local support networks
    - Capture ways in which new groups are self-sustaining and have used local assets
    - Measure existing assets being used more
    - Capture the ways that beneficiaries give back to the community e.g. volunteering
    - Capture LAC's role in sharing knowledge amongst smaller, non-traditional groups with other professionals.

  - We conclude that the 'glue' is in place, whereby the Coordinators have carried out effective networking and have a good level of knowledge of local assets, and are able to 'match' these effectively to assist a beneficiary achieve their definition of what a good life looks like. This is confirmed via the **stakeholder and beneficiary consultation** – a crucial success factor for LAC is thought to be the way it makes effective referrals and linkages between local groups and networks. A Police representative also highlighted how the LAC role has introduced Police to community events, enabling them to engage with 'hard-to-reach' groups in more informal settings

  - **Beneficiary findings** provide evidence of **Community** impacts:
    - There is evidence of beneficiaries becoming less socially isolated and taking part in a range of community activities – these tend to snowball, and one initial thing can lead

to another with beneficiaries going on to meet and get involved in other groups/activities
- The way that LAC's support enables beneficiaries to take that first step, which then builds its own momentum and builds confidence in other areas of the beneficiary's life.

- What makes capturing tangible evidence of this difficult is that it is often carried out intuitively as part of the Coordinators' role. We also note that it can take time to build these local relationships, sometimes at least 6 months

- Some positive evidence of **broader community impacts** have started to be evident and include:
  - Some Coordinators have reported examples of the local community wanting to 'give back' to other members of the community via supporting fundraising activities, trading skills such as hairdressing and gardening, and carrying out home visits to people who may be house-bound. These are practical examples of increased community capacity
  - LAC has played a key role in enabling a voluntary group to get off-the-ground successfully, where it has previously failed
  - LAC played a key role in overcoming a lack of public transport in one LAC area, which was leading to social isolation, by facilitating contact with the local bus company. A member of the public prepared a plan based on reviewing timetables and scheduling, and this has resulted in an hourly bus service on a permanent basis. LAC's facilitative role is thought to have been crucial in achieving these outcomes
  - Thorpe Acre now has 29 residents who are Community Connectors plus a further 5 who already volunteer in the community
  - LAC has helped a local resident to set up a 'Time Out for Carer's Group' in Barwell by linking in with the GP surgery's interest of carer wellbeing and reducing demand on GP time for carer's support needs. LAC has provided a secretariat function (promotion, contacts, a venue at the Community House, help with the required 'formal' elements e.g. Constitution) as well as providing some additional 'clout' in liaising with GPs (see community case study 6 in Appendix L)
  - LAC has played a key role in a range of new community groups being established, including Melton Space, Melton Shed Group, and a dementia support group in Newbold Verdon. Appendix L contains examples via the community case studies prepared by Coordinators – these highlight the role of LAC as a catalyst for community activity
  - LAC has played a key role in supporting the establishment of a Mums and Toddlers group in Thorpe Astley – 20 mums are involved (where there was nothing in existing previously) and have got to know each other and develop vital support networks as a result
  - The **quantitative analysis of Outcome STARs** reveals an improvement in the 'before' and 'after' numerical data on the feeling part of the community measure in 10 STARs (11%).

- The LAC Manager has provided some examples of LAC having a **wider strategic influence** and we summarise these in our response to Question 7.

Evaluation Framework Summative Q3: How sustainable do we assess identified outcomes to be: for Individuals; Community; HSC integration?

- As noted in our response to Q2, we conclude that measurable outcomes have been achieved to a **good extent** for individuals; to a **moderate extent** for HSC Integration; and to a **lesser extent** for Community-based impacts
- We conclude that there is evidence of sustainability of outcomes to a **moderate extent for Individuals**, with some powerful evidence and stories of beneficiary impact. However, a key finding throughout our evaluation has been that as LAC is not a traditional service with defined criteria and prescribed 'service period', the reality of beneficiaries lives and the multi-layer and complex nature of their support needs is that at least some will take one step forwards and two steps back, and are likely to 'dip in and out' of LAC's support over time. The flexibility of the intervention also makes it possible and desirable for the Coordinators to 'check in' with beneficiaries over time and find out how they are

getting on. It is therefore likely that at least some individuals will need ongoing support (from LAC and/or other services) as time goes on – some beneficiaries need more help to make sustainable changes. This reflects the very different nature of LAC as a non-traditional intervention compared to a time-bound service with specific criteria and outputs / outcomes to deliver for an individual

- There is evidence of sustainability of outcomes to **some extent for HSC Integration**, with some positive evaluation evidence emerging. However, in our view there is more for LAC to do balance how the intervention: a) protects its' point-of-difference compared to business-as-usual going forward, and avoids being subsumed into a more traditional service model; and b) to overcome some of the challenges which have been experienced during this pilot if wider roll-out of the programme occurs – for instance around partner knowledge and expectations of LAC as a preventative intervention, and 'inappropriate' referrals in some cases
- There is **less evidence of sustainable outcomes for Community-based impacts**. We have noted earlier that Community outcomes can take longer to achieve than Individual impacts. However, the groundwork is in place with a team of Coordinators who have carried out effective networking and have a good level of knowledge of local assets, which forms the 'glue' to help a beneficiary. It is important to note that some of these networks can take months to develop, and can involve repeated attempts by Coordinators to make the local connection. Also, this is not a static or one-off process: the local infrastructure can change over time therefore Coordinators need to keep abreast of these changes so they can provide the most effective information for beneficiaries and other partners. The Logic Model timeline for the delivery of outcomes (and sustainable outcomes) for Community impacts needs more realistic and clearer expectations of the time it takes to deliver this. The pilot phase of just over one year operational delivery is not realistic – we suggest a more realistic timeframe is 5-10 years, rather than 2-5 years. This is a vitally important learning point especially for commissioners and partners - the expectations of commissioners need to be realistic and the investment in LAC as a different way of working needs to be long-term rather than short-term. We have highlighted in our previous report updates the need for commissioners and partners to **adjust their expectations** of a non-traditional service as well as the time of evaluation evidence this type of intervention will generate.

Evaluation Framework Summative Q4: Are there any beneficiaries for whom impact of the intervention has been greater / reduced?

- We have gathered vital **demographic information** about beneficiaries via the snapshot updates from Coordinators. We note elsewhere that there is a need for an improved LAC **Knowledge Management System**, including Outcome STAR records which are 'tagged' by key demographics to allow for sub-group analysis (e.g. by age, mental health issues etc). Activity data highlights that LAC beneficiaries are predominantly White British; there is mixed gender usage but overall there is a predisposition towards female beneficiaries; LAC beneficiaries are drawn from a range of age ranges but there is a tendency towards older age groups aged 50+. These trends in usage patterns have been broadly represented in our beneficiary consultation sample

- Snapshot data has revealed throughout this evaluation that beneficiaries can often 'present' with a tangible support need, but below this, there are often a range of **complex and interwoven factors** with which support is needed. It is not as simple as one issue per person. LAC is a 'whole-person approach' and this is another point-of-difference to more siloed services with a particular threshold and prescriptive outcomes. We have highlighted in previous reports the prominence of mental health and wellbeing issues / challenges for beneficiaries, social isolation (and lack of effective personal relationships to provide perspective, coping strategies and resilience) and the impact this has on emotional resilience (and vice versa). Snapshot data confirms the very wide range of support that Coordinators provide to beneficiaries to help them achieve their vision of a good life. Often a key role is providing perspective, reassurance and a place to start (e.g. organisational support related to finances, bills, benefits etc).

- LAC works better for some beneficiaries as it is flexible, is not formal, and crucially Coordinators have the time and personal skills to get to know the beneficiary, who then feels comfortable in sharing more personal issues. If these underlying issues are not resolved, longer-term solutions won't be found to the more superficial issues. Traditional services wouldn't work as well here, as they are often time-bound, with specific eligibility criteria, and can adopt a single-issue/service approach rather than an holistic / whole person one. Coordinators can carry out home visits and have the flexibility and time to accompany beneficiaries to initial appointments and groups

- We have highlighted in our previous reports the type of beneficiaries for whom LAC works better and on whom the impact of the LAC intervention is likely to have been greater. We conclude that the **impact of the intervention has been greater** for the following beneficiaries:

    - Those who present with an initial 'tangible' support need but underlying this have a range of more complex, deep-seated and often inter-linked personal issues to be worked through
    - Those who may be in touch with a range of different services already, some of which may not 'talk' to each other. It is here that the role of the Coordinator as navigator on the beneficiary's behalf, through a plethora of services, can play a key role. This can avoid the beneficiary having to repeat themselves unnecessarily, and can avoid things falling through the gaps. The Coordinator can also make meaningful onward referrals and brief other agencies about beneficiaries, so both parties get the most out of the interaction
    - LAC works better by asking beneficiaries what a good life looks like and what they want to change. What the beneficiary wants to change may not necessarily be what business-as-usual, more traditional services want or need them to change
    - Those who may have had negative experiences of more 'formal' services in the past, and who are accustomed to services being 'done to them' and 'having to do certain things' – beneficiary consultation findings show the value of Coordinators who listen and are non-judgemental
    - Those who would not meet the eligibility criteria or thresholds for other services
    - Those who have been 'signed off' mainstream services but may need continuing support
    - Those for whom on paper, care needs are being met (e.g. via a Care Plan with Adult Social Care) but may be experiencing social isolation, loneliness, and a poor quality of life
    - Those beneficiaries that that other services don't know what to do with or cannot help, where there may be underlying issues linked to social isolation and mental health and wider wellbeing, which LAC can help with.

- It is difficult to clearly identify for whom the **impact of LAC has been reduced** as by definition, those for whom there has been less benefit are less visible, in part because the data captured by LAC itself focuses to an extent on examples of good practice (e.g. via Stories) and there is an element of selection bias in the beneficiaries that have been recruited for this evaluation and that we have been able to go on to consult – we are likely to have spoken to those with a positive experience of LAC rather than negative. Our conclusions are:
    - We have previously highlighted that it is that it has been more challenging to make LAC successful (and therefore LAC is likely to have less impact for residents) in areas with less community infrastructure in place
    - LAC is not a prescriptive service which 'tells' a beneficiary what to do and has no particular agenda (such as re-training, finding work, benefits support) but instead works with a beneficiary to help them achieve their vision of a good life, at their own pace, focusing on what the beneficiary wants to change – this may not be what other more traditional services would want them to change. We have previously highlighted that this can raise tensions when a Coordinator thinks a beneficiary will benefit from taking certain actions, yet the beneficiary is not ready or receptive to those actions. For these beneficiaries, the impact of LAC has been reduced as they haven't been receptive to some of the actions that would help them. However this is a key point-of-difference of LAC which re-iterates our earlier point about commissioner/partner expectations of LAC and the time it can take for longer-term outcomes to be achieved.

- LAC is currently delivered in different ways in different types of area, with different types of residents / demographics and community assets, by Coordinators with a range of skills and different working practices. To maximise the impact for beneficiaries of any rolled-out LAC programme, clear consideration needs to be given to the areas selected, demographics in each, the extent of community assets and matching-up as far as possible with the skills and working practices of Coordinators.

Evaluation Framework Summative Q5: How plausible is it that the intervention will lead to the achievement of short (learning) outcomes, medium (action) and long (conditions) outcomes in the Logic Model?

- We conclude that LAC has already begun (and will continue to lead to) the achievement of **short-term (learning) outcomes** in the Logic Model. These are mostly aimed at individuals and we conclude that the intervention has already begun to achieve these short-term outcomes for those

beneficiaries who fit the model (e.g. who are receptive to and ready to take the steps to achieve their vision of a good life):

- We have noted our conclusion that the Coordinators have a good level of knowledge of the local community infrastructure, assets and networking and use this to positive effect in their work to help beneficiaries achieve their vision of a good life
- We highlighted in our response to Q1 the **volume of activity undertaken** by LAC, working with 963 Level 1 beneficiaries and 467 Level 2 beneficiaries, and 830 beneficiaries have been signposted by LAC
- We highlighted in our response to Q2 some **early individual impacts**
- The non-prescriptive and non-traditional way that LAC works means that it is very much led by beneficiaries and helping them take steps to achieve their vision of a good life - a key element of this is getting beneficiaries to think through what they want to achieve based on their interests and strengths, with the Coordinator helping to facilitate this
- We conclude that the Coordinators have a clear view of LAC's role in avoiding reliance – data estimates from Coordinators support our view that over-reliance on LAC has been successfully avoided.

- We conclude that it is plausible for LAC to lead to the achievement of **medium-term (action) outcomes** in the Logic Model and in some instances, LAC has already begun to deliver some of these medium-term outcomes:
  - As noted, there is a low-level of reliance on LAC and we conclude that LAC has done well to avoid over-reliance amongst beneficiaries
  - It is plausible that LAC will lead to beneficiaries taking responsibility for themselves (partly evidence by the low reliance on LAC data) but caveat this with the complex range of beneficiary support needs and the 'one steps forward and two steps back' caution – LAC does not 'fix' beneficiaries at the end of a prescribed period of intervention but is a more ongoing and fluid form of support. Some beneficiaries need more ongoing support
  - The thematic qualitative review of Outcome STARs has found positive evidence of: improved quality of life (26/30 STARs or 86%); improved mental health and wellbeing (23/30 STARs or 76%); increased community contacts (15/30 STARs or 50%); reduced social isolation (14/30 STARs or 46%)
  - The **beneficiary consultation** has revealed some positive findings about evidence of building self-reliance of beneficiaries, building self-esteem and crucially reducing social isolation
  - The **quantitative analysis of Outcome STARs** has revealed positive findings about reduced social isolation and improved independence (see Q2)
  - For the medium-term outcomes which are about community cohesion, community projects and volunteering, it is plausible that LAC will lead to the achievement of these outcomes but it is too early for it to have happened yet. The thematic qualitative review of Outcome STARs found early evidence of individuals supported into training / employment / volunteering in 8/30 STARs or 26%.

- We conclude that it is plausible for LAC to lead to the achievement of **long-term (conditions) outcomes** in the Logic Model:
  - There is already early evidence of improved health and wellbeing because of LAC. The qualitative review of Outcome STARs found positive evidence of improved mental health and wellbeing (23/30 STARs or 76%); evidence of earlier positive preventative action in 12/30 STARs or 40%; and evidence of individuals supported to have greater control over their health (in 7/30 STARs or 23%). In addition, the qualitative review findings in Q2 found positive evidence of LAC's impact in helping beneficiaries to navigate services, reducing pressure on more costly services and reducing duplication. The quantitative analysis of Outcome STARs has found improvements for beneficiaries related to improved mental health and wellbeing and (physical) health. We conclude that it is plausible for additional and longer-term health and wellbeing outcomes to be achieved
  - There is already early evidence of improved social capital via the thematic qualitative review of Outcome STARs (see Q2) and from the beneficiary consultation. The quantitative analysis of Outcome STARs has identified improvements for beneficiaries in terms of feeling part of the community (see Q2). We conclude that it is plausible for additional and longer-term social capital outcomes to be achieved
  - There is already early evidence of there being less reliance on services, partly evidence by an avoidance of reliance on LAC as an intervention but also as demonstrated via the **SROI**

findings which provide positive evidence of measurable outcomes for LAC via a positive SROI ratio of £4.10 in accumulated benefit for every £1 spent. To complement the counting model of the SROI, we asked Coordinators to estimate the number of critical incidents that they think have been avoided as a result of their work with beneficiaries (where real crisis points were avoided and considerable cost savings ensued) and Coordinators estimated that 53 critical incidents have been avoided since LAC began, each at considerable potential cost to the public services over and above those calculated for the SROI 'return on investment' period of three years. We conclude that it is plausible for there to be reducing reliance on public services and a continuing re-direction of investment away from crisis points/treatment towards prevention in the longer-term

- The achievement of longer-term outcomes around co-production and empowerment are plausible in the longer-term but as noted, there needs to be a realistic time expectation for these – in the range of 5-10 years rather than 2-5 years.

Evaluation Framework Summative Q6: How plausible is it that the intervention will have an impact on the BCF metrics in the longer-term?

- The **BCF metrics** LAC was expected to contribute to are as follows:
  - BCF National Metric 1: less people into residential / nursing care
  - BCF National Metric 2: more people receiving help to recover at home
  - BCF National Metric 4: a reduction in total hospital admissions
  - BCF National Metric 5: improved service user experience
  - BCF Local Metric: prevention of injury due to falls.

- We have highlighted throughout this evaluation our perception of the mis-match between the assets-based and community model of LAC (by which a range of 'softer' outcomes are more likely) with the BCF metrics. There is some inferential distance (and considerable time delay) between the community model of LAC and the more 'clinical' BCF KPIs/outcomes

- The thematic **qualitative review Outcome STARs** has found limited evidence of LAC's impact on the BCF metrics, with the exception of falls prevention:
  - 4/30 STARs provide evidence of LAC contributing to the prevention of injury due to falls
  - 1/30 STARs provide evidence of LAC helping to avoid hospital admissions
  - 0 STARs provide evidence of fewer people going into residential / nursing care
  - 0 STARs provide evidence of LAC providing beneficiaries with help to recover at home.

- We conclude that it is less plausible for LAC to have an impact on the BCF metrics in the longer-term. However, as we understand that future funding for any rolled-out LAC programme is now likely to originate from Leicestershire County Council rather than BCF, this may be a moot point

- Despite our conclusion that it is less plausible for LAC to impact on the BCF metrics in the longer-term, the broad approach of the BCF KPIs is fundamentally about the re-direction of public investment away from treatment costs and towards upstream prevention. The evaluation has gathered positive evidence of broader data on the impact of LAC in contributing to acute cost savings in the longer-term. The SROI findings have provided positive evidence of measurable outcomes and longer-term cost savings as a result of LAC, via a **positive SROI ratio of £4.10 in accumulated benefit for every £1 spent**. In addition, Coordinators estimate that **53 critical incidents** have been avoided since LAC began, each incurring considerable savings in treatment costs over and above those calculated for the SROI 'return on investment' period of three years – we provide an order-of-magnitude estimate for the additional benefits gained from avoidance of critical incidents elsewhere in this report.

- **Stakeholders** have reported anecdotally the role that LAC has played in contributed in the re-direction of costs away from acute services towards prevention:
  - Policing: reduced Police attendances to repeat callers; reduction in ASB calls to Police from one particular location in Melton; general perception of reduced workload for the Police because of LAC
  - GP surgeries: Practice Manager reports a 'definite reduction' in home visit requests for at least some patients referred to LAC in Desford
  - Housing: EMH Homes representative reports that one eviction was avoided and 4 cases didn't progress to Court due to LAC's involvement with tenants

- Next Generation (VSC): LAC has played a key role via partnership working in enabling 15 people to move forward positively with their lives in Barwell.

- The **beneficiary consultation** has provided tangible evidence from personal testimonies about **crisis points avoided** (with associated cost-savings) due to LAC including: homelessness, alcohol relapse, suicide and mental health relapse. Some powerful illustrative quotes from beneficiaries as to where they think they would be without LAC are below:

'I would have been more lonely and at home than I am'

'I could be dead – I got my independence back. I have a life'

'I would have been homeless and in a right mess'

'Dread to think – returned to heavy drinking - she has definitely made a difference to my life'

'I would have probably been staying in my house (not going out)'

'I would be a lot more isolated and certainly wouldn't have got the Personal Independence Payment'

'A lot, because she has given me confidence, telling me I CAN do it'

'Now that I know that things ARE in the village, I constantly look the notices and check up on things to see what other things that suit me are there'

'Establishing contact with her helped me re-engage and it's helped me to get back some motivation, get back to being functional and I am standing on my own two feet'

'I would pretty much say I wouldn't be here. That's how much it helped… I didn't want to be any more specific than that because it is not very nice...I probably would have harmed myself'

'Probably …I would have been a lot more reclusive for a long time cause I was refusing to go out or do anything … and I would have been in denial for a long time. I certainly wouldn't have been as happy as I am now'

'I feel more confident in myself'

Evaluation Framework Summative Q7: Have any outcomes occurred which were not intended? Are they positive or negative? How significant are these?

- As LAC does not have precise and specified outcomes (reflecting the fluid and un-prescribed nature of the intervention itself) it is difficult to assess the extent there has been un-intended positive or negative outcomes
- In terms of **un-intended positive outcomes** we conclude:
  - LAC has had a positive impact on **wider Council ways of working and strategic approaches**. Practical examples highlighted by the LAC Manager include: a) Commissioning: the LAC team feedback themes from their work with beneficiaries to inform commissioning intentions and this provides a forum for commissioners to consult with individuals; b) LAC recruitment approach: rolling this out to other Council departments, including a values-based approach, use of Community Champions as interviewers, and assets-based recruitment tasks; c) Assets Based Community Development approaches: adopting these in Council departments and linking to the Universal Prevention Review outcomes; d) Social media: the use of social media within LAC has been innovative for a Local Authority-led intervention. ICT has supported this by ensuring the LAC team has masked email addresses / Facebook pages that are self-managing; e) Joint work with Borough/District Councils and Police: in enabling partnership working and enabling services to step back
- LAC has had an indirect positive impact on partners. As noted earlier, a Police representative highlighted how the LAC role has introduced Police to community events, enabling them to engage with 'hard-to-reach' groups in more informal settings. A Job Centre representative highlighted how

LAC has helped clients to be better engaged with the Job Centre and to approach interviews with more confidence.

- In terms of **un-intended negative outcomes** we conclude:
  - Coordinators are based in a range of locations within the LAC areas (community buildings, parish buildings, District Council buildings, Town Council buildings). There have been some un-intended challenges linked to the **location / base** of two Coordinator located in a Town Council and Parish Council building and the interplay of being a County Council-funded post working to deliver the LAC agenda but from a Town / Parish Council premises (see community case study 3 in Appendix L). The bases of Coordinators in any rolled-out LAC programme need careful planning to avoid this political complexity
  - We have previously highlighted challenges around the clarity of some partners about what LAC is and does and perceived duplication with existing services (especially in the early days). Any rolled-out LAC programme needs active promotion and awareness raising amongst partners
  - There has been (and still is to a more limited extent) confusion about what LAC is – it is a non-traditional 'service' and it can be difficult for partners to understand how LAC differs to what is already in place and what it actually does (e.g. Community Development? Social Prescribing? Good Resident Scheme? Health promotion? Supporting Leicestershire Families? Integrated Care Commissioners?). The most effective way of explaining what LAC is and does is through sharing practical examples of what LAC has done, how and why. An important learning point is the need to move partners (and commissioners) away from the **mindset of the traditional service model**, which will take time
  - Because of the nature of LAC as a non-traditional intervention, we have highlighted some challenges in our previous reports about LAC's **interface with more traditional services** (e.g. not having beneficiary referral information to hand to pass on to other services where an onward referral is necessary; some challenges around information sharing; time delays in partners acting on referrals which leads to beneficiary interest being lost). As LAC is not a specialist service but a more generic one, this interface with traditional services will increase if LAC is rolled-out, so a solution needs to be found to deal with these challenges (whilst maintaining LAC's point-of-difference)
  - It is easy to underestimate the diverse and largely unpredictable nature of the work that Coordinators carry out with beneficiaries. Level 2 beneficiaries often have multi-layer and complex needs, often involving social isolation and low-level mental health and wellbeing issues. This work takes an **emotional toll on Coordinators**. Maintaining their emotional health and wellbeing is crucial, as is maintaining their safety – much of their work involves lone-working and often, home visits. This is easier to manage in a team of 8 Coordinators but needs careful planning for a much larger team of Coordinators in any rolled-out LAC programme. In addition, the Coordinators' workload is hard to predict and it is hard to compare activity data across areas and between Coordinators – the snapshot data shows variation across and between areas e.g. in the number of beneficiaries worked with, but this is likely to reflect the level of support needed by beneficiaries.

Evaluation Framework Summative Q8: What have been the most successful elements of the intervention? What worked less well?

- In our view the **most successful elements** of the LAC intervention have comprised:
  - The relationships with both beneficiaries (built on trust and the flexibility to provide support in an ongoing way as and when needed) and with partners (via effective networking) that Coordinators have developed in their local areas
  - The knowledge that Coordinators have of local community assets and the infrastructure, and their ability to match this up with the support needed by beneficiaries in achieving their vision of a good life
  - Coordinators being located in the communities they work with, and being a very visible and accessible local presence
  - Coordinators' lack of 'agenda' or specialist knowledge/remit – this makes them less threatening to beneficiaries and facilitates a joint-working approach (with beneficiaries e.g. we don't know the answer but we can find out together…)
  - The personal skills and commitment of the LAC Coordinator team – getting the right Coordinators in post is a critical success factor for any rolled-out LAC

- The focus that Coordinators have had on their role as enablers, and successful avoidance (in the main) of fostering reliance on LAC as 'another service
- Those consulted via the stakeholder consultation were generally very supportive of a rolled-out LAC (but some expressed concern as to the availability of future funding)
- The LAC pilot has used social media in a range of ways, particularly Facebook (however we note this has been used and effective to different degrees in different LAC areas) and it is easy to underestimate how innovative this is for a Local Authority-commissioned intervention. Again however, there is not one consistent picture across the LAC areas – some areas and Coordinators use social media more than others due to the demographics of each area and the skills and working styles of Coordinators vary - some are more social media 'savvy' and comfortable using this technology than others. The use of Facebook seems to have worked particularly well in the following LAC areas:
  - Thorpe Astley: to share information about training, volunteering opportunities, events, information. Local residents have formed their own groups (including the Coordinator in these). The Coordinator uses Facebook to communicate with people through the messaging service – this area has a younger, more transient working demographic with younger families. 'The Real Housewives of Thorpe Astley' Facebook group is for mums to arrange meet-ups and discuss children-related topics
  - Enderby: the Coordinaor has 120 'Likes' and posts reach between 100-800 people
  - Hastings Ward: the Coordinator uses Facebook to effectively inform residents about groups and opportunities and has 180 'Likes'
  - Facebook has also been used in Barwell, Thorpe Acre and Asfordby
  - Social media has not been as effective in Braunstone Town or Melton (levels of poverty mean that few beneficiaries have online access at home), Desford or Newbold Verdon.
- Strengths of using social media include: the speed and resource effectiveness of sharing information with a number of beneficiaries; promoting events; ability to connect with people it wouldn't be possible to otherwise; to receive LAC introductions (referrals) in some cases (Hastings Ward); group members can keep in touch and support each other in-between group meetings.

- The elements of LAC which have **worked less well** include:
  - Our previous reports have highlighted that there have been challenges at a strategic level (e.g. the LAC Leadership Group) of having a clear strategic vision for LAC's future direction and the need to keep LAC on partners' radar, with the need to showcase LAC's achievements over time to keep LAC at the forefront of partners' minds
  - There is still some lack of clarity amongst some partners about what LAC is and what it does, and how it differs to more traditional services – again, showcasing LAC's achievements would help here and this also links back to the need for effective initial promotion and awareness raising about any rolled-out LAC programme. This was confirmed via the stakeholder consultation where key findings included the need for greater advertisement, promotion and information to be shared about LAC to partners, along with updates on referrals and outcomes, to keep LAC in the forefront of partners' minds
  - LAC has to-date been delivered by a relatively small team – 8 Coordinators in 10 areas, with one LAC Manager. In recent months one of the Coordinators has been promoted to the post of Senior Coordinator, with the aim of freeing up the LAC Manager to have more time to focus on the strategic elements. We would recommend that any rolled-out LAC programme needs to carefully consider staffing, to protect time for strategic planning and thinking as distinct from the operational delivery of the programme. This need for role clarity also applies to our recommendations for a future LAC Knowledge Management System (see further below)
  - The mis-match between the 'softer' community and asset-based model of LAC vs the more 'clinical' requirements of the BCF metrics (and CCG partners)
  - There have been some challenges of embedding LAC (a non-traditional intervention) alongside more traditional service models (e.g. where the two interface around referrals). This needs to be balanced with the need to protect LAC's point-of-difference, so it doesn't become subsumed into the more traditional services model
  - We highlighted above how and where social media has worked particularly well. Some of the main challenges of social media in LAC have included: varying degrees of Coordinator social media knowledge meaning some have to invest more time in this than others; there is a time investment of keeping posted information up-to-date to maintain social media engagement; some initial competition (in Enderby) about the use of Facebook and time to build clarity

about Facebook's role within LAC; impossible to know what someone will do as a result of having seen posted information (what impact it will have); the need for high security; recognition that whilst social media has a role to play, it does not replace the need for direct work with beneficiaries

- One of the main elements of LAC which we conclude has worked less well is the need for improved data / evidence capture by the LAC intervention. LAC is highly individualised, meaning that the use of standardised measurement tools can be difficult. There have been challenges and inconsistencies for Leicestershire LAC (and wider LACs) in evidencing progress, with different Coordinator work practices and 'patchy' data capture. As noted earlier, in our view there has been an ongoing 'tussle' to balance the delivery of a robust, qualitative evaluation with the way that LAC works (community and asset-based with a strong emphasis on maintaining the balance of power between a Coordinator and beneficiary and not collecting lots of 'data'). Stakeholder evidence about LAC's impact was anecdotal and limited. Consideration must be given to data capture and evidence gathering at the start of any rolled-out LAC – being clear about what will be collected and why; by whom; and the consequences of what isn't to be collected. We return to this issue in Q9 – we include recommendations about the process and content elements of future LAC data capture, and the need for LAC to have a more effective Knowledge Management System
- A final learning point is that in our view, there is scope to share evaluation findings and evaluation progress with the Coordinator team and with wider partners over time, so that the findings organically feed into practice. We recognise that the evaluation has to some extent evolved organically over time and that findings have been emerging (not final) to-date, but we aren't certain of the extent that the Coordinator team have been aware of the evaluation overall direction and work programme – this can impact on their view of the perceived value of requested evaluation evidence, and potentially on levels of motivation to provide that evidence.

Evaluation Framework Summative Q9: What are the key considerations for continuous improvement and potential roll-out, in terms of impact of the intervention?

- We would conclude that the key considerations for **continuous improvement and potential roll-out** of LAC are:
  - Effective initial promotion and awareness raising amongst partners and local communities about LAC, of any rolled-out programme
  - Greater promotion and showcasing of LAC's achievements, and better explanation of what LAC is and does via practical examples. We suggest that this report is shared and disseminated via the LAC Network, to add to the growing evidence base about LAC learning
  - Clear thought to be given to the most effective strategic oversight of any rolled-out LAC (e.g. a larger-scale LAC Leadership Group or sub-groups?) allied with a Communications Plan and clear strategic vision about LAC's future direction
  - Better definition and clarity about the interaction with / touch-points of LAC with its partners
  - GPs are key local partners to LAC and having surgeries on-board has been a key asset in areas where it was working well at an earlier point (such as Hastings Ward). Actively managing these important relationships in any rolled-out LAC will be crucial, as will managing relationships with NHS / CCG partners. A challenge is the difference between the geographical boundaries of local GP registered populations and the LAC areas, which means that not all patients registered with a practice are eligible for LAC at the moment
  - The associated need to manage commissioner and partner expectations of LAC as being different to the 'investment in / outcomes out' model associated with more traditional services
  - The need to consider staffing in a rolled-out programme in order to protect time for strategic planning and thinking as distinct from the operational delivery of the programme
  - It is such an obvious point but a critical success factor will be recruiting the 'right' Coordinators - skills, personal qualities and personal commitment
  - There is greater potential to share good practice and the diverse skills of Coordinators across LAC areas as a whole, beyond the current 'buddying' system for those working in close geographical proximity
  - Give careful consideration to practical issues about the rolled-out areas to be the focus for any rolled-out LAC, specifically: a) the extent there is a community infrastructure to some extent already in place; b) the locations in which the Coordinators will be based (to avoid some of the challenges experienced to date and highlighted elsewhere in this report); c)

ensure there is a 'good fit' between the LAC model, the type and demographics of the area, and the personal skillset of the Coordinator

- Explore the potential for directories of local services across each of the LAC areas, for use by wider partners and beneficiaries
- Explore the potential for each LAC area to have a mailing network for practitioners and professionals (building on what's worked in Hastings Ward)
- There is a need to amend and manage the timeline expectations for achievement of the longer-term outcomes in the Logic Model, especially for community cohesion impacts. Realistically we think this could take 5-10 years to be achieved
- Finally for this section we include below our recommendations for the Process and Content elements of data / evidence capture for any rolled-out LAC within the overall theme of the need for LAC to have a more effective Knowledge Management System. We recommend that there is early clarity and thinking about this for any rolled-out LAC programme so that data is more readily available to show impact and outcomes over time:

Process recommendations:

- There should be early discussions with the operational Coordinator team about the purpose of data / evidence gathering / evaluation, and their vital role within this. We recommend that this evaluation report be used to highlight to current and future Coordinators how data has been vital in informing the evaluation and its conclusions, to evidence the impact and value of LAC. It is important that newly-recruited Coordinators for any rolled-out LAC receive an early briefing on this
- There is a need for greater clarity and division of roles – we recommend that the data requirements are decided upon, Coordinators collect the required data, and another role(s) (not the Coordinators themselves) collate and analyse the data – we would suggest this doesn't play to the strengths of the Coordinators and also, that a more centralised function should do this so a consistent cross-LAC approach is adopted
- We recommend that there is further work to carry out about the completion and processing of Outcome STARs, as these are the key method by which LAC collects evidence. We suggest that there is training for Coordinators (based on the learning points emerging from this evaluation) on how to complete these (both the qualitative and quantitative elements). This will also avoid the need for retrospective data re-processing. Whilst not being 'perfect' due to the fluidity and variation of LAC, this would provide greater consistency of approach, an improved level of detail, improved completeness and increased accessibility / transparency of the contained information to a third party. This should include when the STARs are completed – concurrently or retrospectively?
- We recommend that one consistent approach is taken to the process of completion and would suggest this is electronically for all Coordinators (as hand-written versions can be difficult to read). We also think there needs to be a clearer approach to where and how these are saved, naming conventions and how these are to be collated and analysed in an ongoing way at key review points (potentially quarterly?) to draw meaning from them (see content recommendations below)
- The other main data capture mechanism are the LAC stories (or case studies). There is a need for greater guidance and consistency in terms of how these are completed and the content, and this should be built-in to the training session(s) for current and newly-recruited Coordinators at an early point. There is scope to move away from the narrative towards a focus on capturing outcomes (potentially linked to the qualitative and quantitative review of Outcome STARs themes)
- There is a need for some consistent basic approaches towards the records kept by Coordinators, for instance specifying the capture of key data fields including beneficiary postcode, demographics, contact details (there were some errors in data we were provided with for the beneficiary consultation) and the recording of key support themes
- Early agreement is needed with Information Governance about what data is to be collected and how it will be used – we maintain that the collection of full beneficiary postcodes will provide a range of possibilities for the analysis of LAC take-up and the future segmentation of beneficiaries
- We recommend that snapshot activity data continues to be collected either in the format it is now or via the use of a (monthly or three monthly?) monitoring sheet. This

provides vital general volume of activity data and vital data to inform any future SROI analysis
- Similarly we recommend that data on referrals to and from LAC continues to be collected
- We recommend that data capture mechanisms need to include the tracking of referrals to and from LAC, so that outcomes delivered for other partners can be evidenced
- Within the LAC pilot, Coordinators were given flexibility to define how they work locally, within an overall remit. This ensured their work is locally-focused yet posed some challenges for consistent data capture. In our view a better balance between overall consistency and locally varied approaches needs to be found for any rolled-out LAC, as the number of areas and Coordinators will make things far more complex and varied
- We recommend that gathering feedback from beneficiaries needs to be built into any rolled-out LAC as 'standard', ideally via a centralised function (not the Coordinators). Qualitative approaches are likely to be most meaningful but we note that these are also resource intensive
- We recommend that a way needs to be found of obtaining feedback from those whom LAC has failed to engage with / who have failed to engage with LAC, to explore the reasons for this and inform LAC's ongoing development
- A mechanism for gathering feedback from stakeholders (partners, community organisations) also needs to be factored-in to any rolled-out LAC programme
- It will be important to gather the reflective learning from the Pilot from the current Coordinators up to the end of the Pilot's lifespan – this could be gathered via the snapshot data updates or via a dedicated feedback session(s) facilitated by Leicestershire County Council.

Content recommendations:

- There is a need for greater clarity about what specific measures / metrics any rolled-out LAC programme will report against, to whom, for what purpose and by which mechanisms / evidence. We suggest that a good place to start would be reviewing the key outcomes achieved by the LAC pilot to date and using these to inform a short and focused set of desired outputs and outcomes. The outcomes selected should link in with wider shared preventative partnership work and any shared outcomes frameworks being developed
- The Outcome STARs should be more complete in future, if Coordinator takes place building on the lessons from this evaluation. We also recommend that the conceptual framework we have put together to analyse the qualitative information with the STARs continues to be used to provide evidence of LAC's impact over time (potentially quarterly?). We suggest that a central function collates and analyses this data (not the Coordinators), with the Coordinators responsible for the completion of the Outcome STARs working to the new 'guidelines'. This will generate rich data on impact over time
- We also recommend that there is continued analysis at key points (quarterly?) of the quantitative data within a sample of Outcome STARs. The key themes we have presented from the quantitative analysis of n=94 STARs could be applied to future quantitative STARs data and the proportion showing positive change over time analysed. We suggest that a central function collates and analyses this data (not the Coordinators), with the Coordinators responsible for the completion of the Outcome STARs working to the new 'guidelines'. This will generate rich data on impact over time
- One way of moving towards outcomes and away from narratives in the LAC stories could be to indicate which of the key qualitative and quantitative review themes each story demonstrates impact
- We suggest that Outcome STARs are 'tagged' by some key demographic information (age, gender, ethnicity) to enable any required sub-group analysis to be carried out (two examples of gaps in data for sub-group analysis in this report were age – older people, and those with mental health issues). This needs conceptual clarity in advance and needs to be clear to the Coordinators

- To provide more data on the use of Coordinator time, any rolled-out LAC could consider capturing simple 'timesheet' data such as direct work with beneficiaries (one-to-one, home visits, group work), visiting groups to build relationships, travel time, attending partner meetings e.g. JAG, Vulnerable People's Forum etc, and LAC-related team / supervision meetings. This would provide data on the use of Coordinator time
- The use of community asset mapping (before and after LAC) and/or the use of 'before' and 'after' Google maps showing the development of community activities over time, could be explored in any rolled-out LAC programme
- Finally we recommend that a 'good practice log' be set up and filled in by Coordinators as part of the Knowledge Management System, to capture good practice examples as they emerge in an area (to avoid these being forgotten or 'lost' if Coordinators leave for instance).

Evaluation Framework Summative Q10: To what extent do we have confidence in the robustness of our findings and recommendations?

Overall we are confident that the **findings and recommendations** are as robust as they could be within the confines of the budget / evaluation resource. Specifically:

- We designed a conceptually clear and simple Evaluation Framework to give focus to a complex community-based intervention, and have used this to process our formative and summative findings
- We have synthesised findings and presented our report updates in a triangulated way, with a clear focus on recommendations for any potential roll-out and continuous improvement
- We have maximised the value to be drawn from the data collected by LAC itself and supplemented this with other existing data sources and primary data collection
- We carried out an initial evidence review and scoping / familiarisation stage, to ensure we built on good practice and learned from other LAC evaluations
- We have set up a vital snapshot data collection process whereby Coordinators have provided us with data updates (mainly activity / output data) over time. Without this, activity data would not have been available including: the number of beneficiaries at Level 1 and Level 2; the volume of referrals to and from LAC; the volume of signposting undertaken; an overview of the demographics of beneficiaries and their support needs. This data has been vital as the sample base to populate the SROI framework, and has provided crucial LAC activity data over time
- We have been flexible and included additional questions in the snapshot data over time, relating to specific data gaps in the SROI domains
- We have built-in and captured reflective learning points at key points and these are appended in the relevant sections to inform wider learning from this evaluation e.g. from the perspective of Coordinators within snapshot data updates; about LAC data collection; from the beneficiary consultation; from the qualitative review of Outcome STARs. So we have focused on both the content and process learning which can be used to inform any future rolled-out LAC programme
- We have endeavoured to draw a reasonable sample for the qualitative review of Outcome STARs (as we couldn't review all of these due to their volume). We sampled across the areas and across Coordinators, but our sample was also governed largely by which STARs were the most complete
- For the quantitative analysis of Outcome STARs, the original availability of data was insufficient so the quantitative measures from a batch of 94 STARs were re-processed by Leicestershire County Council for us to analyse - again we were keen to sample across all the areas and across all Coordinators to avoid bias as far as possible. We applied a conceptual analysis framework to the themes from the STAR prongs linked to the SROI domains, so we can draw meaning from the data
- We have proactively gathered the views of partners and community organisations at different points using different methodologies, and 'gone beyond' the two stakeholder events we attended in person, in order to gather a breadth of stakeholder views
- We are confident that the evidence base for our evaluative judgements is at least as robust as that gathered in other similarly-resourced LAC evaluations.

- In the appendices we highlight the process and content learning points of our key methodologies. Some **important caveats** as to the robustness of our findings and recommendations are:

- We recognise that the nature of the LAC intervention and its fluidity means that some of the data we have gathered (in particular the snapshot updates) rely on the individual record-keeping and subjective judgement of Coordinators and there are definitional challenges which may mean we aren't comparing 'like with like' across areas (e.g. what is a Level 1, Level 2 beneficiary, possibility of beneficiaries moving between these at different points, individual beneficiary vs. number of uses of LAC). In addition, there is some missing data
- There is an element of self-selection and in-built bias. As previously noted, positive experiences of LAC are more likely to be captured in Stories and Outcome STARs, and beneficiaries with a positive experience of LAC are more likely to have been recruited and agreed to be interviewed. Therefore capturing beneficiaries with a less positive experience of LAC is a knowledge gap, as is capturing the views of those who LAC has failed to engage with / have failed to engage with LAC
- Qualitative consultation with beneficiaries is resource intensive, which is an important learning point for this type of intervention. We endeavoured to speak to beneficiaries from all areas but we didn't manage to consult any beneficiaries from Enderby
- The plan was to include 10 Outcome STARs per area in the quantitative analysis; however the final dataset is missing 6 STARs for Thorpe Astley. We caution that we have analysed the 'before' and 'after' numerical data from the STAR prongs but this is misleading to some extent – as has been shown LAC is not a traditional, time-bound service but more of an ongoing one, so the notion of a 'before' and 'after' is less relevant
- We have noted in the appendix the learning points from the review of qualitative information contained in Outcome STARs. There were inconsistencies and missing information in what was available for review, and generally what was recorded was difficult for an outside reviewer to pick up and understand meaningfully, which is likely to limit the quality of the data. This also highlights wider learning points for any larger-scale, rolled-out LAC
- We have not been able to obtain or map full beneficiary postcodes due to concerns from the Information Governance Team at Leicestershire County Council. Unfortunately mapping of part-postcodes has had limited success due to the breadth in size of the postcode sectors compared to the LAC areas. Instead we have been flexible and mapped the LAC areas using Health and Wellbeing Acorn data by two variables: a) WEMWBs (Warwick and Edinburgh Mental health and Wellbeing Score) of under 32 and b) Social Capital measure – 'belonging to neighbourhood'. There needs to be clarity in any rolled-out LAC about the collection of beneficiary postcodes, as this information could be mapped to show uptake of LAC across the areas and highlight any gaps in uptake
- We highlighted in our third update report that the Forecast SROI is based on a quantified counting model, whereas the broader LAC evaluation was commissioned to be qualitative in approach. We therefore stress that the SROI findings will form one part of the evidence base but not the complete picture – they should be seen in context of the wider evaluation findings as a whole. Appendix K contains the caveats and limitations of the Forecast SROI element. This includes reference to: data in the Derby and Thurrock Forecast SROIs[5] is based on (in our assessment) a relatively limited evidence base - this confirms the challenges of obtaining robust evidence for wider LAC projects but also confirms that our evidence base compares favourably; caveats about the meaningfulness of some of the SROI measures / indicators; missing data and assumptions made; and the SROI findings do not take account of the longer-term savings which are likely to accrue from the estimated 53 critical incidents. Our Forecast SROI is a 'fit-for-purpose', slimmed-down version based on the Derby LAC SROI template and approach
- The 'tussle' of balancing the delivery of a robust, qualitative evaluation with the way that LAC works, as noted earlier. This is an intrinsic tension in a fluid community-based model like LAC vs a standard evaluation methodology
- Given the complexity of LAC and the 10 areas it covers and given the available evaluation resource, we haven't been able to evaluate each location individually. Instead we have extracted key similarities and differences across and between the 10 LAC areas.

[5] Marsh, H (March 2016), Social Value of Local Area Coordination in Derby: A Forecast Social Return on Investment Analysis for Derby City Council, Kingfishers (Project Management) Ltd

Evaluation Framework Attribution Q1: To what extent do we assess the plausibility of achieved outcomes being attributable to the intervention itself, rather than to other factors – to what extent has LAC 'made the difference'?

- We conclude that it is **highly plausible** that achieved outcomes are attributable to LAC rather than to something else, for those **individuals** for whom LAC works better and whose needs are not met by other more traditional services (as outlined in our response to Q4). For this group of beneficiaries, we would crudely assess the attribution level to be approximately 90%
- We concluded earlier that measurable outcomes have been achieved to a moderate extent for **HSC Integration**. Our view is that it is **moderately plausible** that achieved outcomes are attributable to LAC rather than something else, but that there is more scope here for other factors to also contribute
- We concluded that there is less evidence of measurable outcomes for **Community-based impacts**, and we assess that it is much less plausible that any changes in community impacts are attributable to LAC directly.

Evaluation Framework Attribution Q2: To what extent do we assess the plausibility of any changes in BCF metrics in the longer-term being attributable to the intervention?

- However, we conclude that it is **much less plausible** that any changes in BCF metrics in the longer-term will be attributable to LAC rather than to something else. In our view, there is a poor level of attribution here as the distance between the LAC intervention input and BCF metric outcomes is wide, and there are lots of other players who can also claim attribution. We would crudely assess the attribution level to be approximately 10%.

Evaluation Framework Counterfactual Q1: To what extent do we assess that any identified outcomes would not have happened anyway?

- The counterfactual measures what would have happened to beneficiaries in the absence of LAC, and we estimate impact by comparing what we think would have happened in the absence of LAC with the outcomes achieved as a result of LAC. We conclude that for Level 2 beneficiaries with more complex support needs and for whom the LAC model is a good fit, that the **outcomes for this group would not have occurred without LAC**. We assess that the counterfactual evidence is stronger for Level 2 beneficiaries
- For Level 1 beneficiaries, some of whom have just needed to be provided with information and have then acted on it with little ongoing support, it is possible that wider baseline developments in signposting knowledge would have improved their outcomes even if LAC had not existed or that they may have obtained the information they needed from other sources. So for Level 1 beneficiaries, **outcomes may have occurred without LAC**. We assess that the counterfactual evidence is weaker for Level 1 beneficiaries.

Evaluation Framework Counterfactual Q2: To what extent do we assess the 'additionality' of the LAC intervention – compared to 'business-as-usual' (with BAU comprising existing models of service delivery and existing ways of working)

- We conclude that **there is additionality** as a result of LAC, but there are some grey areas where this is less clear-cut: for instance in some LAC areas there are befriending schemes active in the community as well as faith-based groups (such as the Friends of Newbold Verdon). It can be more difficult in these areas to be definitive about the additionality of LAC. We have also highlighted how there has been some perceived duplication with existing services, particularly during LAC's early stages, and a lack of clarity about roles as evidenced by some inappropriate referrals to LAC. In addition, there remain some partners (for instance, members of neighbourhood policing teams) who haven't heard of LAC and what it does
- Overall we conclude that **LAC is not duplicating** the work of existing community groups but working alongside them to strengthen the 'glue' in communities and enhance community infrastructure, and that there is additionality as a result of LAC.

Appendices

Appendix A: Evaluation Framework

Leicestershire LAC Evaluation: Evaluation Framework and Research Questions

Part A: Formative Evaluation Research Questions to inform prospective/concurrent evaluation of Leicestershire LAC up to March 2016

1. Formative Evaluation Research Questions up to March 2016:

1. What works well about the Local Area Coordination delivery model? What works less well? Why is that? Are there any variations illustrated across the 10 LAC areas?
2. What is distinctive about the LAC intervention – what is its 'point of difference' / what makes it different to 'business-as-usual' (with BAU comprising existing models of service delivery and existing ways of working)
3. Why does LAC work better, where does it work better, and for whom does it work better than 'business-as-usual' (with BAU comprising existing models of service delivery and existing ways of working)
4. What works well about the Local Area Coordination management, leadership and governance? What works less well?
5. To what extent do we assess that partners and other providers understand the LAC intervention? How effectively are LAC and partner organisations working together?
6. To what extent is there sufficient strategic sign-up and commitment to the LAC way of working? Is anything working particularly well? Are there any challenges?
7. How can any unintended negatives be overcome?
8. To what extent do mechanisms for data capture within the LAC intervention provide evidence of progress and early impact? Are there any gaps?
9. What is the key early learning to inform how the capture of evidence for interventions of this sort can be improved in future?
10. What are the key early considerations for continuous improvement and future delivery?

Part B: Provisional Summative, Attribution and Counterfactual Evaluation Research Questions April to September 2016 (to be confirmed following formative stage above, as of March 2016)

2. Provisional Summative Evaluation Research Questions, April to September 2016:

1. What is the overall effectiveness of the LAC intervention – to what extent has LAC been successful in achieving its aims and strategic objectives?
2. To what extent have measurable outcomes been achieved: for individuals; community; HSC integration? Are there any gaps?
3. How sustainable do we assess identified outcomes to be: for individuals; community; HSC integration?
4. Are there any beneficiaries for whom impact of the intervention has been greater / reduced?
5. How plausible is it that the intervention will lead to the achievement of short (learning) outcomes, medium (action) and long (conditions) outcomes in the Logic Model?
6. How plausible is it that the intervention will have an impact on the BCF metrics in the longer-term?
7. Have any outcomes occurred which were not intended? Are they positive or negative? How significant are these?
8. What have been the most successful elements of the intervention? What worked less well?
9. What are the key considerations for continuous improvement and potential roll-out, in terms of impact of the intervention?
10. To what extent do we have confidence in the robustness of our findings and recommendations?

3. Provisional Attribution Evaluation Research Questions, April to September 2016:

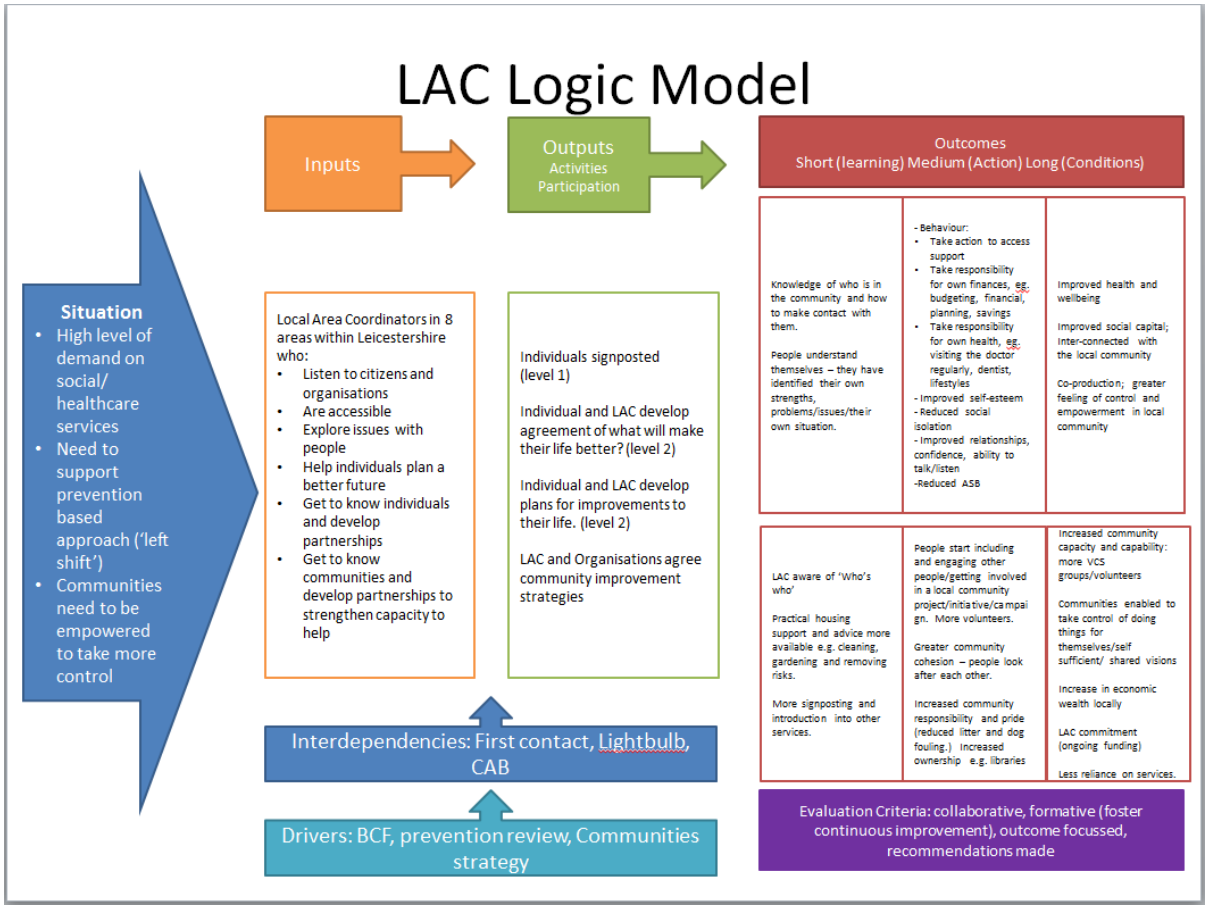
1. To what extent do we assess the plausibility of achieved outcomes being attributable to the intervention itself, rather than to other factors – to what extent has LAC 'made the difference'?
2. To what extent do we assess the plausibility of any changes in BCF metrics in the longer-term being attributable to the intervention?

4. Provisional Counterfactual Evaluation Questions, April to September 2016:

1. To what extent do we assess that any identified outcomes would not have happened anyway?
2. To what extent do we assess the 'additionality' of the LAC intervention – compared to 'business-as-usual' (with BAU comprising existing models of service delivery and existing ways of working)

Appendix B: LAC Logic Model

The Logic Model was compiled by Leicestershire County Council and included in the original evaluation Invitation to Tender.



Appendix C: Evidence Review Summary; rapid evidence review framework; references

Please see separate attachment.

Themes to review evidence by:

1. Strategic issues:

1.1 National and local policy background to LAC (part of Unified Prevention Offer within Better Care Fund)

1.2 National and local policy background to assets-based approaches to health and wellbeing

1.3 Information on BCF metrics

1.4 How LAC links in / sits alongside / works with partners strategically

1.5 How LAC links in / sits alongside other relevant initiatives e.g. Light Bulb, HTLAH, First Contact etc

1.6 How LAC links in with wider determinants of health / other services e.g. ASC, police, social services, housing etc

1.7 Cost effectiveness of LAC

1.8 Any evidence as to why the 10 areas were selected for LAC

1.9 Local accountability structures for LAC in Leicestershire – how does LAC fit in?

1.10 Suitability for SROI approaches – Anne/Jill/Bob to review evidence after and add thoughts on this

2. Operational issues:

2.1 How LAC links in / sits alongside / works with partners operationally

2.2 Any information about the needs of beneficiaries in Leicestershire in the 10 different areas

2.3 Any information about the different community assets / services / support available in each of the 10 areas

2.4 Any information about the demographics of the local population / needs that LAC designed to meet in the 10 areas

2.5 Are the 10 areas in Leics towns / wards / other geographies?

2.6 How LAC operates / what it operationally does in Leicestershire / any differences in approach between the 10 areas?

2.7 How does LAC identify beneficiaries to work with and how does it promote itself to people?

2.8 Any evidence of LAC Coordinators sharing knowledge / linking up / working together

2.9 Any detail on number of users anticipated at both Level 1 (signposting) and Level 2 (more intensive support)

2.10 How is user feedback collected / how are outputs and outcomes monitored?

3. Other LAC and other relevant evaluations:

3.1 For each note an overview of the content / approach / methodology / purpose

3.2 Any relevant information on approach to evaluation design – Evaluation Framework, Logic Model? What key outputs and outcomes measures were used?

3.3 How has the evaluation evidenced attribution and the counterfactual?

3.4 Were any baseline measures / targets set?

3.5 Any evaluation good practice emerged to inform our evaluation?

3.6 Any cost effectiveness work carried out as part of the evaluation?

3.7 How were beneficiaries and stakeholders involved in the evaluation / what approaches were used

3.8 Any evidence of beneficiaries taking active role in the evaluation as co-creators / community researchers? If so how was this carried out?

3.9 Anything on three levels of impact: a) individual / family b) community c) HSC service integration

3.10 Any learning about LAC to inform our evaluation.

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Appendix D: LAC Coordinator Snapshot Questions September 2016

Part A: Final snapshot data capture questions for LAC Coordinators September 2016

Please collate the headline information below so it can be sent to Anne directly. Please return Part A and Part B by email to Anne (copying in Simon) by **Friday 23rd September at the latest**. If you cover more than one LAC area, please prepare headline information for each area individually, being clear about which area the figures relate to. **Unless otherwise stated, please provide an update based on the number of beneficiaries you have worked with since the last update you provided to Anne in July 2016 (therefore not including the figures you have previously provided).**

Questions 10-13 are the questions to help us with the Social Return on Investment work we are carrying out. **Question 13 is a new question**. We have added a couple of extra questions to **Part B: reflections** (as this is the last snapshot data collection for the evaluation), and therefore we aren't asking for a case study to be prepared.

Job title/area:

……

1. Can you tell me the number of beneficiaries you have worked with since the last update in July 2016 at: a) Level 1 and b) Level 2?

……

2. Can you tell me the number of Outcomes STARs you have completed since the last update in July 2016, and for how many beneficiaries you have 'before' and 'after' numerical data?

……

3. Can you tell me the number of Action Plans you have completed since the last update in July 2016 and for how many beneficiaries?

……

4. Can you provide an overview of key demographics for the beneficiaries you have worked with since the last update in July 2016: their age / gender / ethnicity?

……

5. Can you provide a snapshot of the profile of beneficiaries in terms of their 'eligibility' for LAC (age / frailty / disability / mental health)? Have any themes been dominant / missing?

……

6. Can you provide a snapshot of the main themes of support for beneficiaries since the last update in July 2016 (health/mobility; social reasons; carer stress/informal caring; wider determinants of health)? Have any themes been dominant / missing?

……

7. Can you tell me the number of referrals you have received from other agencies since the last update in July 2016? Which have been the main agencies you have received referrals from in this time and can you provide an approximate breakdown of the number of referrals received from each of these main agencies?

……

8. Can you tell me the number of referrals you have made to other agencies since the last update in July 2016? Which have been the main agencies you have made referrals to in this time and can you provide an approximate breakdown of the number of referrals made to each of these main agencies?

……

9. Can you tell me the number of beneficiaries you have signposted since the last update in July 2016?

……

10. Can you tell me the approximate number of beneficiaries you have supported to access benefits since the last update in July 2016?

……

11. Can you tell me the approximate number of word of mouth referrals / introductions you have received from family members or neighbours of beneficiaries since the last update in July 2016?

……

12. Can you tell me the approximate number of referrals you have received from the Police where you think LAC has contributed to a positive solution or outcome, since the last update in July 2016?

……

13. Thinking back over LAC's lifespan, can you provide an estimate of the number of 'critical incidents' avoided as a result of your work with beneficiaries (by 'critical incident' we mean where real crisis points were avoided and considerable cost savings ensued. There could be more than one for a single beneficiary)

……

Part B: LAC Coordinator final headline reflections September 2016

14. Thinking back over the lifespan of LAC, what do you think are the key learning points to inform future delivery?

……
……

15. Thinking back over the lifespan of LAC, how do you think any rolled-out LAC programme should demonstrate its' impact over time?

……
……

16. Thinking back over the lifespan of LAC, please summarise how you have used social media, along with key achievements and key challenges experienced?

a. How you have used social media in LAC:

……
……

b. Key achievements of using social media in LAC:

……
……

c. Key challenges of using social media in LAC:

……
……

[Thank you – please return to Anne by Friday 23rd September at the latest]

Appendix E: LAC Coordinator Snapshot Data Tables and Emerging Issues September 2016

Table 1. The number of beneficiaries you have worked with so far at: a) Level 1 and b) Level 2 – data reported by Coordinators January 2016; April 2016; July 2016; September 2016 (NB: data since January represents new beneficiaries worked with since January 2016 and Coordinators are still working with some beneficiaries included in the January 2016 data)

LAC area	District	Level 1				Level 2				Total Level 1 & Level 2				Cumul. Total
		Jan 2016	April 2016	July 2016	Sept 2016	Jan 2016	April 2016	July 2016	Sept 2016	Jan 16	April 2016	July 2016	Sept 2016	
Braunstone Town and Thorpe Astley (combined)	Blaby	32 individuals; 50 in group settings	44 in group work; 18 individuals	76	26	17	31	30	26	99	93	106	52	**350**
Enderby	Blaby	14	10	11	16	11	8	7	8	25	18	18	24	**85**
Hastings Ward	Charnwood	21	19	6 Plus 40 in groups (unsure if L1 or L2)	71 Plus 32 in groups (unsure if L1 or L2)	28	26	12	9	49	45	58	112	**264**
Thorpe Acre	Charnwood	No breakdown available	43	18 Plus 65 via two community events	127	No breakdown available	13	10	7	68	56	93	134	**351**
Desford	Hinckley and Bosworth	13	3	3	5	10	5	5	4	23	8	8	9	**48**
Newbold Verdon		7	3	3	6	5	7	2	5	12	10	5	11	**38**
Barwell	Hinckley and Bosworth	15	9	13	40	28	13	10	15	43	22	23	55	**143**
Melton Town	Melton	30	12	4	11	28	17	4	5	58	29	8	16	**111**
Asfordby	Melton	18	10	4	15	37	12	5	7	55	22	9	22	**108**
All totals		**200**	**171**	**243**	**349**	**164**	**132**	**85**	**86**	**432**	**303**	**328**	**435**	
Total cumul. beneficiaries														**1,498**

Implications / learning points:

- Data indicates that LAC has reached a high proportion of Level 1 and Level 2 beneficiaries to date (n=1,498)
- Where the breakdown is known in the figures provided by Coordinators, LAC has worked with a higher proportion of Level 1 (signposting n=963) than Level 2 (more intensive support n=467) beneficiaries
- As noted in the main report, national good practice indicates that each Coordinator should be working with around 65 beneficiaries at Level 2 after 12 months. Based on the total of approximately 467 beneficiaries worked with at Level 2 at this point of LAC's operation, this crudely equates to approximately 47 per each of the 10 areas (or 58 for each of the 8 Coordinators). This crude calculation indicates that LAC is currently below this after its' first year anniversary, but it is important to note that the pattern of beneficiary use is very fluid and assumes that workload and beneficiary 'needs' are equal across areas, which we recognise is highly unlikely to be the case
- It is apparent that there is variation across the LAC areas in the number of beneficiaries worked with. We note that figures involve some subjective judgement by Coordinators
- Some Coordinators have included individuals worked with in groups and at community events, whereas others may not – this skews the figures in some areas and may mean we aren't comparing 'like with like'. This confirms the variability and fluidity of LAC
- There are likely to be differences in definitions across Coordinators e.g. Level 1 and 2, what we mean by a 'beneficiary' and this may also impact on the figures in each area.

Table 2. Number of Outcomes STARs completed by Coordinators and number of these containing both 'before' and 'after' data - data reported by Coordinators January 2016; April 2016; July 2016; September 2016

LAC area	District	Number of Outcomes STARs				'Before' and 'After' data?				Total Outcomes STARs			
		Jan 2016	April 2016	July 2016	Sept 2016	Jan 2016	April 2016	July 2016	Sept 2016	Jan 2016	April 2016	July 2016	Sept 2016
Braunstone Town and Thorpe Astley (combined)	Blaby	0	70	6	17	0	20	Not specified	Not specified	0	70	6	17
Enderby	Blaby	17	15	7	8	Before only	Before only	16 for whole year	Not specified	17	15	7	8
Hastings Ward	Charnwood	50	45	28	13	Before only	Before only	3	0	50	45	28	13
Thorpe Acre	Charnwood	17, including 7 organisational	13	10	5	Before only	1	Not specified	Not specified	17	13	10	5
Desford Newbold Verdon	Hinckley and Bosworth	1	2	32	3	Before only	2	Not specified	0	1	2	32	3
Barwell	Hinckley and Bosworth	10	Not specified	40	8	Before only	Before only	Not specified	Not specified	10	Not specified	40	8
Melton Town	Melton	24	12	4	5 individual; 2 community	Before only	7	Not specified	2 individual; 2 community	24	12	4	5
Asfordby	Melton	36	12	4	6	27 before and after data	Not specified	Not specified	Not specified	36	12	4	6
All totals		**155**	**169**	**131**	**65**	**27**	**30**	**19**	**2**	**155**	**169**	**131**	**65**

Implications / learning points:

- According to this data reported by Coordinators, a total of **520 Outcome STARs** have been completed since LAC began
- The number of Outcomes STARs completed has remained broadly consistent in the first three reporting periods, with a decrease evident in the final period (September 2016) during which time 65 Outcome STARs have been completed
- However only a minority of Outcomes STARs contain 'before' and 'after' data. To help improve data completeness and quality for the quantitative analysis of STARs data, a batch of n=94 Outcome STARs (10 from all areas with the exception of one area where only 4 STARs were included) have been re-processed to provide a more robust dataset for us to analyse in our final evaluation report
- We have analysed the qualitative content contained in a sample of Outcome STARs and the findings are included in our final report
- The analyses of both the qualitative and quantitative STARs data has produced a range of evidence in its own right along with important learning points about the quality and consistency of information collected – building on these will be vital for any rolled-out LAC programme

- There are differences in how data is reported. For those Coordinators covering two areas, some data is reported by individual area and some is reported across both areas combined
- There are some gaps in data e.g. the number of STARs containing before and after data is not specified / unclear in a number of Coordinator snapshot responses
- We note that the April 2016 data for Braunstone Town and Thorpe Astley is likely to include an over-estimate for the number of Outcome STARs but have left the figures as they were originally reported to us.

.

Table 3: The number of Action Plans completed and for how many beneficiaries? – data reported by Coordinators January 2016; April 2016; July 2016; September 2016

LAC area	District	Number of Action Plans			
		Jan 2016	April 2016	July 2016	Sept 2016
Braunstone Town & Thorpe Astley	Blaby	5	70	6	17
Enderby	Blaby	17	15	7	19
Hastings Ward	Charnwood	50 brief, of which 10 longer	0	0	0 written
Thorpe Acre	Charnwood	12	8	4	3
Desford Newbold Verdon	Hinckley and Bosworth	1	5	27	9
Barwell	Hinckley and Bosworth	10	6	24	18
Melton Town	Melton	20	12	4	5
Asfordby	Melton	27	9	4	6
All totals		**142**	**125**	**76**	**77**

Implications / learning points:

- Coordinators report that a total of **420 Action Plans** have been completed since LAC began
- There have been fewer Action Plans completed in July and September 2016 than in the two previous two data reporting periods
- Potentially there are still definitional differences about what an Action Plan is and how Coordinators define this
- We note that the April 2016 data for Braunstone Town and Thorpe Astley is likely to include an over-estimate for the number of Action Plans (as well as Outcome STARs) but have left figures as they were originally reported to us.

Table 4. Data on beneficiary demographics, profile of key support 'needs' and themes of support provided - data reported by Coordinators January 2016; April 2016; July 2016; September 2016

LAC area	District	Demographic overview				Key support 'needs'				Key support provided			
		Jan 2016	Apr 2016	July 2016	Sept 2016	Jan 2016	Apr 2016	July 2016	Sept 2016	Jan 2016	Apr 2016	July 2016	Sept 2016
Braunstone Town and Thorpe Astley	Blaby	50+ White British	White British, wide age range	Older people in BT; Young educated families in TA	Older, White British females in BT (some Asian); Mums in TA	Isolation Frail Poverty Poor mental health Low self-esteem and poor self-maintenance	Poverty Low mood New parents	Poverty Less mobile Isolated Mothers with young children Residents wanting to set up events	Poverty Isolation Mental hwb issues Financial abuse Carer issues	Maintenance / jobs Financial navigation/help Listening/ advocacy	Financial organisation e.g. bill payments	Benefit applications Chasing benefit payments Assistive technology OT referrals Creating community capacity	BT: Budgeting help Benefit applications TA: group support, setting up community networks
Enderby	Blaby	50+ Female White British	White British, 30-40 years, 70+, equal gender split	Range of ages No data provided on gender or ethnicity	Most 60+, more females	Mental health and impact on coping/emotional resilience Poor personal relationships leading to isolation Difficulties with personal relationships	Age Frailty Disability Mental health	Mental health Age Frailty	Age Frailty Recent hospital discharge Learning difficulties Mental hwb	Finance / paperwork / systems and organisation Isolation due to carer stress Physical health	Debt Housing Social reasons Health Care Carer stress Advocacy Employment	Carer stress Falling at home Debt Eviction/housing Physical health Children with additional needs	Health Mobility Reablement Transport Debt/finance Carer stress Housing
Hastings Ward	Charnwood	Varied ages Varied gender White British	White British Males 40-60 years	55+ years Female White British	White British males aged 40+	Mental health Anxiety / depression Associated isolation	Depression, anxiety, isolation	Mental health Isolation	Social isolation Mental hwb issues	Social isolation Mental health and wellbeing	Identification of local activities and support to attend/make contact (lack of confidence)	Social reasons Carer stress Mental wellbeing	Confidence building Help to get involved in community

LAC area	District	Demographic overview				Key support 'needs'				Key support provided			
		Jan 2016	Apr 2016	July 2016	Sept 2016	Jan 2016	Apr 2016	July 2016	Sept 2016	Jan 2016	Apr 2016	July 2016	Sept 2016
Thorpe Acre	Charnwood	50+ Approx. even split on gender	White British, 60+, 60% female	50+ Females White British	Females aged 50+	Physical health challenges for older people Mental health Loneliness and isolation	Not specified	Older people and mental health issues	Mental health Age Disability	Health challenges for older people Loneliness and isolation Mental health	Health support Social support	Preventing social isolation and improving mental health (L2) L1: carer information	Reduce social isolation, increase access to social activities
Desford Newbold Verdon	Hinckley and Bosworth	18 females; 8 males Most 65+ White British 7 females; 5 males Most 65+ White British	White British, Female, mainly 50+ White British, Female, mainly 60+	Range of ages; White British; Female	50+, White British, range of gender 50+, White British, range of gender	Isolation Depression and anxiety Mental health issues	Frailty Financial problems Housing issues Mental health Dementia Carer support Physical health and disability	Mental Health Frailty Sensory impairment Low income/financial difficulties Isolation Carer strain	Learning difficulties Physical difficulties Mental hwb Frailty	Isolation and mental health and wellbeing	Social support – isolation and inclusion Dementia support Access to specific counselling Financial support Mental health (isolation, anxiety)	Mental health Frailty Sensory impairment Isolation Financial difficulties	Housing Benefits/debt Hoarding Carer strain Garden clearance Alcohol misuse Dementia
Barwell	Hinckley and Bosworth	10 under 30 15 30-60 18 60+ 27 females; 11 male White British	White British, female, range of ages	White British; Female; age not specified	White British females, aged 35-65	Mental health – from low level to more SMI	Mental health Carer support	Carer support Mental health and wellbeing	Mental hwb; Disability	Overcoming isolation Build and support community contact and links	Health and mobility Carer support Support to tackle financial issues/debt Organisational skills	Carer stress Finance	Finance Social reasons

LAC area	District	Demographic overview				Key support 'needs'				Key support provided			
		Jan 2016	Apr 2016	July 2016	Sept 2016	Jan 2016	Apr 2016	July 2016	Sept 2016	Jan 2016	Apr 2016	July 2016	Sept 2016
Melton Town	Melton	10 aged 19-30 25 aged 30-60 23 aged 60+ White British 39 female; 19 male	White British, 60% female, wide age range	White British; range of ages and gender	40+ Female White British	Mental health Isolation Finance / personal organisation / systems	Mental health Employment Social isolation	Mental health Low-level learning disabilities	Mental hwb Mobility Isolation Learning difficulties ASB Dementia	Social connections Support with finance/funding Reassurance and confidence building	Housing Info and support to access groups Jobs and training Support to access medical appts	Social isolation Mental health and wellbeing	Mobility and its impact on isolation; Access to groups Learning and skills devt
Asfordby	Melton	65+ Mainly female Mainly White British	Most 50+, 70% female	White British; range of ages and gender	Range of ages Female White British	Isolation Disability Frailty Mental health	Age/frailty Mental health Carer support	Mental health Carer-related	Isolation/ social networks Age/Frailty Mental hwb Finances	Community involvement Carer support Navigating the system – bereavement, hospital discharge Health and mobility	Carer stress Finance/benefits Isolation Social activities Assistive technologies/adaptations Adult learning Dementia support	Carer stress Benefits/finance Social isolation Adult learning courses Substance misuse	Carer stress Finances Social isolation Substance misuse Hoarding Self-neglect Adaptations Assistive technology

Implications / learning points:

- Element of subjective judgement by Coordinators due to lack of 'referral' paperwork
- Beneficiaries are predominantly White British; some demographic overview data has not been noted by Coordinators
- Overall there is a predisposition towards female beneficiaries
- A range of age ranges but tendency towards older age groups aged 50+
- Not as simple as one issue per person but these are the key themes from perspective of Coordinators
- Prominence of mental health and wellbeing and impact on emotional resilience and social isolation (and vice versa)
- Carer's support needs and organisational support related to finances / benefits etc
- Range of support provided – not one issue per person. Often complex and multi-layer.

Table 5: Data on introductions (referrals) and signposting - data reported by Coordinators January 2016; April 2016; July 2016; September 2016 (NB: data reported since January represents <u>new beneficiaries</u> worked with since January 2016 and Coordinators are still working with some beneficiaries included in numbers in January 2016 data)

LAC area	District	Referrals received from other agencies to LAC				Referrals made to other agencies from LAC				Number of beneficiaries signposted			
		Jan 2016	Apr 2016	July 2016	Sept 2016	Jan 2016	Apr 2016	July 2016	Sept 2016	Jan 2016	Apr 2016	July 2016	Sept 2016
Braunstone Town and Thorpe Astley (combined)	Blaby	20	Number not specified	33	12	21	Number not specified	20	9	6	8	120	33
Enderby	Blaby	4	7	15	20	12	13	6	6	14	10	11	16
Hastings Ward	Charnwood	19	17	21	34	10	26	12	10	49	26	58	34
Thorpe Acre	Charnwood	6	5	Number not specified	6	7	7	1	3	10	43	16	127
Desford Newbold Verdon	Hinckley and Bosworth	24 12	8 total	13 total	11 total	14 total	14 total	16 total	11 total	10 total	15 total	16 total	14 total
Barwell	Hinckley and Bosworth	30	Number not specified	11	13	3	3	11	10	At least 15	Number not specified	20	40
Melton Town	Melton	46	25	9	12	10	12	9	3	25	4	9	5
Asfordby	Melton	25	22	9	21	19	15	15	67	28	15	10	23
All totals		**186**	**84**	**111**	**129**	**96**	**90**	**90**	**119**	**157**	**121**	**260**	**292**

Implications / learning points:

- There have been a total of **510 referrals to LAC from other agencies** since LAC began. As previously, a wide range of agencies refer to LAC (both voluntary and statutory organisations plus self-referral and via friends and neighbours) showing the complexity of LAC and the issues that beneficiaries need support with. The main ones for the September 2016 update include: self-referrals (n=19); Social Care (n=18); Alzheimer's Society (n=10); Housing (n=6); Job Centre (n=6); GP surgeries (number unspecified); a range of other LA partners (Early Help Hub, Tenancy Support, Supporting Leicestershire Families) plus a range of community centres and groups
- There are variations in the number of referrals from other agencies to LAC across the LAC areas. It is important to note that there have been far fewer referrals to LAC from other agencies in Thorpe Astley.

- There have been a total of **395 referrals to other agencies from LAC** to date. As previously, LAC has referred to a wide range of agencies (both voluntary and statutory organisations) showing the complexity of LAC and the issues that beneficiaries need support with. The main ones for the September 2016 update include: statutory organisations such as Social Care, Housing, GP surgeries, DWP; First Contact Plus, Police, Adult Learning; a range of local voluntary groups; and larger charitable organisations including VASL, Carer's Support and Macmillan.
- There are variations in the number of referrals to other agencies from LAC across the LAC areas. It is important to note that there have been far fewer referrals from LAC to other agencies from LAC in Thorpe Astley.

- According to data reported by Coordinators, a total of **830 beneficiaries have been signposted by LAC to date**. However this is skewed by an approximate 100 signposts of individuals to other childcare providers in Thorpe Astley. There are variations in signposting totals across the LAC areas.

- Data from the Asfordby Coordinator in September 2016 has highlighted that she has worked with a number of residents who want to 'give back' to the community e.g. gardening, supporting fundraising, hairdressers, home visits for those who are house-bound. This is evidence of increased community capacity.

- Data from the Barwell Coordinator in September 2016 also highlighted that LAC has played a key role in introducing Achieve (work with adults with additional needs) to St Mary's Church in Barwell, leading to a new coffee morning being facilitated to run alongside the mobile library. This has previously been attempted by Achieve but hasn't been successful. LAC has played a key role in facilitating this.

Table 6: Additional questions to populate SROI framework July 2016 and September 2016 – benefits; word of mouth referrals; police referrals and positive solution; estimated % of beneficiaries dependent on LAC; estimated number of critical incidents avoided

LAC area	District	Number of beneficiaries supported to access benefits		Number of word of mouth referrals received from family members/neighbours of beneficiaries		Number of referrals received from the Police where LAC has contributed to a positive solution		Estimated % of beneficiaries dependent on LAC (estimated by Coordinators in Sept 2016)	Estimated number of critical incidents avoided – since LAC began
		July 2016 – since LAC began	Sept 2016 - additional	July 2016 – since LAC began	Sept 2016 - additional	July 2016 – since LAC began	Sept 2016 - additional		
Braunstone Town and Thorpe Astley (combined)	Blaby	5	3	150	9	5	0	0%	7
Enderby	Blaby	9	4	17	4	3	1	3%	14
Hastings Ward	Charnwood	10	1	20	1	0 referrals from Police but worked with approx. 20 offenders to help prevent re-offending	1	0%	5
Thorpe Acre	Charnwood	8	2	26	1	0 referrals from Police but 3 positive related outcomes	0	1%	5
Desford Newbold Verdon	Hinckley and Bosworth	14	6	12	5	2	0	7%	14
Barwell	Hinckley and Bosworth	15	10	4	6	1	1	5%	Not specified
Melton Town	Melton	12	0	16	4	4	1	5%	8
Asfordby	Melton	70	5	19	14	2	0	5%	Not specified
All totals		**143**	**31**	**264**	**44**	**17 via Police referrals**	**4**	**Estimated 5%**	**53**

Implications / learning points:

- Approximately **174 beneficiaries have been supported to access benefits** since LAC began. Again there are definitional challenges here as the statement in the SROI framework is vague and could be interpreted in different ways e.g. general signposting or referral to more specialist financial services as opposed to the completion of formal application paperwork.

- Approximately **308 word of mouth referrals** have been received from family members/neighbours of beneficiaries since LAC began. There are some considerable differences in figures reported here, highlighting there could again be definitional variations.

- Approximately **21 referrals from the Police to LAC have resulted in LAC contributing to a positive outcome,** since LAC began. This does not include the wider work with beneficiaries around offending, as these do not emerge from an initial Police referral.

- We asked Coordinators one additional question in September 2016 to feed into the SROI domains – namely their crude estimate of the proportion of beneficiaries they have worked with who they would assess to be 'dependent' on LAC. Based on Coordinator estimated proportions, we estimate that **5% of beneficiaries are dependent on LAC**, which we think is an acceptably low level for this type of intervention

- To balance the counting-model approach of the SROI template and domains, in the final phase of data collection from Coordinators in September 2016 we asked Coordinators to provide an estimate of the number of 'critical incidents' avoided as a result of their work with beneficiaries. By critical incident we mean where real crisis points were avoided and considerable cost savings ensued. Coordinators estimate that **53 critical incidents have been avoided** since LAC began.

LAC Coordinator reflections on LAC, September 2016

We asked the Coordinators three final reflective questions in September 2016 and the key issues emerging are outlined below.

Q1. Thinking back over the lifespan of LAC, what do you think are the key learning points to inform future delivery?

- The community has the capacity to do it for themselves – just need LAC as a catalyst
- Flexibility of LAC – accessible for beneficiaries at any time
- The importance of building networks to help in navigating services / obtaining information for/with beneficiaries and to build the profile of LAC locally
- Each district should have a LAC mailing network for practitioners and professionals (building on what's worked in Hastings Ward)
- Recognising the time it takes for LAC to develop and grow
- Need to find a consistent way of evaluating the work of LAC across the team
- Learn from themed case studies
- Build on good practice in each area and try to replicate this in other areas
- Importance of developing supportive relationships between LAC and fellow professional partners – mutually beneficial roles
- Having access to Barwell Community House is a key strength – safe place for beneficiaries to develop new networks and get involved
- The vital importance of the Coordinators getting to know as much as possible about the area they work in, build relationships with a range of stakeholders and organisations, identify what facilities and provision are in use – Coordinator knowledge of local assets
- Coordinators taking time to get to know the residents they work with and building trust
- Vital to promote independence and not dependency
- Coordinators to know the boundaries for LAC and when 'services' need to be called in
- Need for trust between LAC and partners
- Need for a clear understanding amongst partners about LAC's role.

Q2. Thinking back over the lifespan of LAC, how do you think any rolled-out LAC programme should demonstrate its' impact over time?

- Local community members / neighbours would know LAC as their first point of contact and would be able to signpost to other local residents with skills, time, knowledge
- Residents' understanding that a service-related solution is not always necessary
- Important to highlight the volume of community-based connections – this is where LAC is different
- Capture growth in local support networks and ways in which self-sustaining new groups have been supported to use local assets
- Existing assets being used more
- Capture the ways in which beneficiaries give back to the local community e.g. volunteering informally or formally – increased number of volunteers
- Capture the role that LAC places in sharing knowledge about smaller, non-traditional groups with other professionals
- Better knowledge of activities and local assets within the community
- Closer work between agencies
- Continue to capture soft outcomes (e.g. via stories, letters etc)
- Capture feedback via questionnaires with staff and stakeholders
- Capture outputs on work with beneficiaries, Community Connecters and partners
- Continue to use Outcome STARs and stories to document the beneficiary 'journey' – perhaps try to put a value on the positive achievements as well as a cost value as to what would have been the outcome without LAC involvement
- Demonstrate fewer interventions from Adult Social Care and Health
- Increased happiness / self-esteem amongst beneficiaries
- The impact of LAC is so huge it is difficult to put down in words or figures.

Q3. Thinking back over the lifespan of LAC, please summarise how you have used social media, along with key achievements and key challenges experienced:

a. How you have used social media in LAC:

- Findings reflect the complexity and diversity of LAC e.g. the skills and working styles of Coordinators vary - some are more social media 'savvy' and comfortable than others
- Findings also reflect the different demographics of the areas e.g. social media works well in Thorpe Astley yet less well in Braunstone Town. Some beneficiaries use and access social media, others cannot afford a computer at home or do not engage with social media
- Some Coordinators use social media to receive introductions and some don't; some use it to communicate with beneficiaries and some don't

- Facebook is used heavily in Thorpe Astley for sharing information about training, volunteering opportunities, events, information. Local residents have formed their own groups (including the Coordinator in these). Coordinator uses Facebook to communicate with people through the messaging service – this area has a younger, more transient working demographic with more young families
- However in Braunstone Town the use of social media is less of a success, probably reflecting the different demographic – used in the same way but uptake has been much more minimal
- Enderby: the Coordinator uses Facebook, has 120 Likes and posts reach between 100-800 people
- Hastings Ward: the Coordinator uses Facebook to effectively inform residents about groups and opportunities. Has 180 Likes
- Barwell: Coordinator has used Facebook and Twitter to share what is available in the local area and to link in with local residents and agencies. Started a new Facebook pages for the Carers Group and the diabetes activities
- Thorpe Acre: Coordinator has used Facebook to receive introductions, held conversations with residents and for signposting. Also to promote events and activities across LAC. Promoted opportunities and activities for partners
- Melton: Coordinator has used Facebook to share posts from community groups and share information about activities
- Asfordby: Coordinator has used Facebook to share posts from community groups and share information about activities
- Desford and Newbold Verdon: not used social media.

b. Key achievements of using social media in LAC:

- Thorpe Astley: 'The Real Housewives of Thorpe Astley' Facebook group for mums to arrange meet-ups and discuss children-related topics
- Braunstone Town: use social media to distribute nearly new items to others
- Enderby: speed of sharing information a real plus – quick and easy; ability to connect with people you may not otherwise be able to; use of Hootsuite to schedule posts to save time; sharing posts about lost and found property and for advice about anti-social behaviour. However in Enderby, social media isn't used to communicate with beneficiaries and the Coordinator has not had any introductions through Facebook
- Hastings Ward: has received LAC introductions via social media
- Barwell: use of social media means group members can support each other between meetings
- Thorpe Acre: used social media to signpost a resident for support; used Facebook to promote a community event and for post-event thanks etc
- Melton: used social media to contact a beneficiary who didn't answer their phone but responded via Facebook
- Asfordby: sharing information and promoting events
- Desford and Newbold Verdon: not used social media.

c. Key challenges of using social media in LAC:

- Thorpe Astley: Coordinator found it difficult to communicate with people as a group on Facebook; more effective to do this as a person
- Braunstone Town: the demographic of the area isn't suited to social media – most beneficiaries cannot afford to have the internet at home
- Enderby: took some time to get Facebook page noticed –slow burner. Initially there was perceived competition from other local pages and needed clarity about how to use Facebook – what it was there for within the LAC context. Twitter doesn't work as well in terms of finding relevant local information
- Hastings Ward: as Coordinator, you know someone has seen the post but you don't know what (if anything) they will do as a result – hard to evaluate its effect
- Barwell: Coordinator feels she has to invest more time into using social media as she is not as competent in this field
- Thorpe Acre: needs regular updating to maintain resident engagement. Needs high security so there are no unwanted posts. Also need to engage with residents who don't use social media, in different ways
- Melton: Coordinator lacks experience in the use of social media. Beneficiaries tend not to access social media – rare to have access to ICT
- Asfordby: resource implication for the Coordinator of keeping posted information up-to-date as emphasis is on face-to-face work with beneficiaries in the community / at home
- Desford and Newbold Verdon: Coordinator feels he needs to invest more time into using social media as he is not as competent in this field.

Appendix F: LAC beneficiary consultation questions July 2016 and learning points

A: Introduction

- Hello, my name is Diana and I work for MEL Research. We have been asked to find out how well Local Area Coordination has been working by Leicestershire County Council. COORDINATOR NAME has passed your details to us and said you are happy for us to contact you to find out what you think about LAC. I have a few questions to run through with you by phone if that's okay?
- There are no right or wrong answers - the questions are very much to capture your experience of LAC
- I will take paper notes as we run through the questions today then analyse what you have said alongside the comments from other people we speak to
- If you are happy for me to do so, I would like to record our discussion just in case I miss anything important that you have said
- Direct quotations made by you may be used in publications and reports that result from this study. We will use the findings in reports and presentations, including potentially at conferences and events. No-one will be named in any of these
- All together the interview should last no longer than 30 minutes today
- Having run through these things are you happy to take part?

Yes ❑

[Interviewer note: **some issues will be sensitive and personal – need to be aware of this in how approach each participant and ask the questions. Need to refer back to previous answers as some issues will be pre-empted, and probe/follow-up where necessary. Note any direct quotes in a way so I know it's a direct quotation**]

B: Questions for beneficiaries

Q1. To start us off then, could you tell me a little bit about how you first got to meet NAME OF COORDINATOR and how that came about? When did you first meet XXX? [BACKGROUND, SOME OF THE CHALLENGES THE PERSON WAS FACING, HOW GOT INTRODUCED TO LAC]

Q2. Can you tell me what you have liked about working with XXX/LAC, in terms of the way he/she has worked with you and the support he/she has given you? [PROCESS] CLARIFY: not personal to the Coordinator themselves (hard to separate the Coordinator from LAC more widely as the Coordinator is the face of LAC). NEED TO PROBE HERE BASED ON WHAT THEY SAY E.G. GIVEN ME CONFIDENCE – ASK HOW / IN WHAT WAYS, SPREAD INTO OTHER AREAS OF LIFE?

Q3. Can you tell me anything you haven't liked as much about working with XXX/LAC, in terms of the way he/she has worked with you? [PROCESS] CLARIFY: again not personal to the Coordinator themselves. And have you met any of the other Coordinators?

Q4. Do you think that XXX/LAC is different to other services or support that you have used in the past? Why / why not / in what ways? [WILL DEPEND ON THEIR EXPERIENCE OF OTHER SERVICES]

Q5. Can you tell me what XXX/LAC has done for you so far – what have you got out of working with XXX/LAC? So thinking about benefits for you as a person? Also about benefits for you in terms of links with the people around you where you live / community groups and contacts? Anything else e.g. HSC integration – LAC role in helping to navigate services etc? [OUTCOMES/IMPACT] NEED TO SEPARATE OUT ANY MATERIAL GAINS E.G. BENEFITS ACCESS, FROM WIDER 'SOFTER' BENEFITS FOR THE INDIVIDUAL - OUTCOMES

Q6. Can you think what may have happened if you hadn't worked with XXX/LAC? [e.g. AVOIDED USING OTHER SERVICES / AVOIDED CRISIS POINT?]

Q7. Thinking about the things you mentioned earlier that XXX/LAC has given you [E.G. IN Q5], do you think you need any help or support from XXX/LAC or anywhere else to help you carry on with these changes? [SUSTAINABILITY/SELF-RELIANCE]

Q8. To what extent do you think that working with XXX/LAC has helped you to do more things for yourself? Can you give me any examples? [AVOIDING RELIANCE ON LAC]

Q9. Do you have any other comments to make about any of the things we have talked about?

Finally, I have some quick questions about you so I know who I have talked to and to help with the analysis.

Q10. *NOTE GENDER OF BENEFICIARY*:

- ❑ *Male*
- ❑ *Female*

Q11. Can I ask what age category you fall into?

- ❑ *16-25 years*
- ❑ *26-39 years*
- ❑ *40-49 years*
- ❑ *50-59 years*
- ❑ *60-69 years*
- ❑ *70-79 years*
- ❑ *80-89 years*
- ❑ *90+ years*

Q12. What is your ethnic background?

- ❑ *White*
- ❑ *Mixed*
- ❑ *Asian or Asian British*
- ❑ *Black or Black British*
- ❑ *Chinese or Other background*

Q13. Which LAC area do you live in?

- ❑ *Hastings Ward*
- ❑ *Asfordby*
- ❑ *Braunstone Town*
- ❑ *Enderby*
- ❑ *Desford*
- ❑ *Thorpe Acre*
- ❑ *Melton*
- ❑ *Thorpe Astley*
- ❑ *Barwell*
- ❑ *Newbold Verdon*

THANK YOU VERY MUCH FOR ANSWERING THESE QUESTIONS.

Beneficiary consultation sample details:

Interviews completed by area:

- Hastings Ward: 1 interview
- Desford and Newbold Verdon: 4 interviews
- Braunstone Town and Thorpe Astley: 5 interviews
- Enderby: 0 interviews
- Thorpe Acre: 3 interviews
- Barwell: 2 interviews
- Melton: 6 interviews
- Asfordby: 2 interviews

Demographics overview:

- Aged 16-25: 2 participants
- Aged 26-39: 3 participants
- Aged 50-59: 6 participants
- Aged 60-69: 8 participants
- Aged 70-79: 1 participant
- Aged 80-89: 2 participants
- Aged 90+: 1 participant

- All White British apart from 1 Asian British
- 7 males and 16 females

Learning points from LAC beneficiary consultation:

Below is a summary of learning points emerging from carrying out the consultation with beneficiaries to inform future work of this type:

- The pre-pilot phase helped to finalise and hone the research design
- Some beneficiaries found it difficult to separate the LAC intervention from the specific LAC Coordinator they have worked with – the intervention is embodied by the Coordinators, so asking beneficiaries about improvements meant this needed to be clarified so they didn't feel they were being personal about a particular Coordinator
- It took a while to obtain beneficiary details from Coordinators, to the volume required – ideally we wanted to over-recruit to allow for subsequent non-contact
- We recognise that a limitation of the beneficiary consultation has been selection and recruitment bias – Coordinators are more likely to have passed us the details of those beneficiaries who have had a positive experience, and these are the beneficiaries who will have been more likely to speak to us. It is difficult to obtain the views of those beneficiaries for whom LAC has been less successful, so there is an in-built bias here which we are aware of
- It has also not been possible to obtain the views of those residents that LAC has been unable to engage with - this is a knowledge gap
- Some beneficiary details passed to us by Coordinators were incorrect e.g. incorrect phone numbers, missing digits. This took additional time to rectify and again links back to the need for consistent and comprehensive record keeping
- It took repeated attempts to contact some beneficiaries. We set a maximum number of contact attempts of 5. We left voicemail messages and had to text some beneficiaries. Some seemed reluctant to answer the phone
- We had to be flexible – pre-arranged slots often had to be changed at the last minute, or beneficiaries were not available when they had said they would be. We needed to be persistent and keep trying which has a resource implication for this type of work
- A very small number of beneficiaries were suspicious that we were trying to 'sell' something or simply didn't want to take part, even though the Coordinator had spoken to them about the consultation and they were happy for us to be in touch with them
- We endeavoured to consult some beneficiaries from all 10 areas and all 8 Coordinators. However we didn't manage to actually speak to any beneficiaries from Enderby. This is a knowledge gap
- These issues confirm that this type of consultation work is resource intensive and needs persistence

- It has also confirmed that a telephone approach is the best use of evaluation resource as running a pre-arranged qualitative focus group would be likely to be poorly attended on the day.

Appendix G: LAC celebration events / stakeholder consultation July 2016

1. Professionals (Partners / Referrers etc) Self-Completion Question Proforma

A: Introduction

- MEL Research is evaluating the impact and effectiveness of Local Area Coordination and we are attending these events to gather feedback from participants. We are keen to gather the views of LAC partners and referrers
- Please spend a few minutes answering the questions below and return to Anne from MEL when you have finished. Your responses will be analysed alongside other findings to feed into our remaining evaluation reports
- Direct quotations made by you may be used in publications and reports that result from this study. Your name will not be used in any publications or reports. We will use the findings in reports and presentations, including potentially at conferences and events.

B: Questions for professionals (partners, referrers)

Q1. Name of organisation you represent:

……

Q2. LAC area your organisation works in:

- ❑ *Hastings Ward*
- ❑ *Asfordby*
- ❑ *Braunstone Town*
- ❑ *Enderby*
- ❑ *Desford*
- ❑ *Thorpe Acre*
- ❑ *Melton*
- ❑ *Thorpe Astley*
- ❑ *Barwell*
- ❑ *Newbold Verdon*

Q3. Thinking about LAC, what do you think has gone well so far?

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……
……
……

Q4. Thinking about LAC, what do you think needs improving?

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Q5. Can you provide any evidence of LAC's impact so far?

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……
……
……

Q6. What is your understanding about LAC – its' role, what it is there to do?

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……
……

Q7. What do you think (if anything) is distinctive about LAC compared to existing models of service delivery / ways of working?

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……

Q8. Do you think that LAC is reaching people in the local area and working with them, in a way that existing agencies/partners can't / don't?

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Q9. Are there any early signs of LAC's preventative approach having an impact and beginning to reduce acute demands on services?

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……

Q10. Is there any evidence of LAC contributing to existing agencies/partners having less impact (either directly or indirectly) e.g. due to potential duplication, lack of clarity about who does what, potential dilution of roles?

……
……
……
……

Q11. Is there any evidence of LAC helping to build self-sustaining community capacity in the area? Can you provide any examples?

……
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……
……

Q12. Looking ahead, what do you think are the key opportunities for LAC in the future?

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……
……
……

Q13. And lastly, looking ahead what do you think are the key challenges for LAC in the future?

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……
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……

2. Community Organisations Self-Completion Question Proforma

A: Introduction

- MEL Research is evaluating the impact and effectiveness of Local Area Coordination and we are attending these events to gather feedback from participants. We are keen to gather the views of representatives of community organisations
- Please spend a few minutes answering the questions below and return to Anne once you have finished. Your responses will be analysed alongside other findings to feed into our remaining evaluation reports
- Direct quotations made by you may be used in publications and reports that result from this study. Your name will not be used in any publications or reports. We will use the findings in reports and presentations, including potentially at conferences and events.

B: Questions for community organisations

Q1. Name of community organisation you represent:

……

Q2. LAC area your community organisation works in:

❑	*Hastings Ward*	❑	*Thorpe Acre*
❑	*Asfordby*	❑	*Melton*
❑	*Braunstone Town*	❑	*Thorpe Astley*
❑	*Enderby*	❑	*Barwell*
❑	*Desford*	❑	*Newbold Verdon*

Q3. Thinking about LAC, what do you think has gone well so far?

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……
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Q4. Thinking about LAC, what do you think needs improving?

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Q5. Can you provide any evidence of LAC's impact so far?

……
……
……

Q6. What is your understanding about LAC – its' role, what it is there to do?

……
……
……

Q7. What do you think (if anything) is distinctive about LAC compared to existing models of service delivery / ways of working?

……
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……

Q8. Do you think that LAC is reaching people in the local area and working with them, in a way that existing community groups can't / don't?

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……

Q9. Is there any evidence of LAC helping your community group to have more impact (either directly or indirectly) e.g. the group becoming more active, reaching more people?

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Q10. Do you think LAC has led to your community group spending less time promoting its services, or has there been no impact?

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……

Q11. Do you think LAC has led to your community group spending less time carrying out administration, or has there been no impact?

……
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……

Q12. Is there any evidence of LAC contributing to your community group having less impact (either directly or indirectly) e.g. potential duplication locally, lack of clarity about who does what between LAC and the community group?

……
……
……

Q13. Is there any evidence of LAC helping to build self-sustaining community capacity in the area? Can you provide any examples?

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……
……

Q14. Is there any evidence of LAC leading to reduced demand for statutory / other services?

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……
……

Q15. Looking ahead, what do you think are the key opportunities for LAC in the future?

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……

Q16. Lastly, looking ahead what do you think are the key challenges for LAC in the future?

……
……
……

Stakeholder consultation July 2016: profile of respondents by area

1. Melton and Asfordby:

Professionals: 14 forms received including responses from:
- Melton Borough Council x 2
- Leicestershire County Council
- Leicestershire County Council Integrated Care Team
- Police Sergeant / JAG
- FRS representative
- Adult Learning
- Leicestershire Libraries
- Neighbourhood Policing Team x 6
- (Plus 3 responses from members of Neighbourhood Policing Team unable to complete as they didn't know enough about LAC)

Community: 4 forms received including responses from:
- Food Bank
- Melton Space
- Community Chaplaincy
- Melton and District Money Advice Centre

2. Barwell and Desford & Newbold Verdon:

Professionals: 5 forms received including responses from:
- EMH Homes
- Next Generation
- Hinckley and Bosworth BC Community Development Team
- Voluntary Action South Leicestershire
- Desford Medical Centre

Community: 6 forms received including responses from:
- Time Out for Carers
- Friends of Newbold Verdon x 2

3. Hastings and Thorpe Acre:

Professionals: 7 forms received including responses from:
- Charnwood Borough Council
- Charnwood Borough Council
- Nicky Morgan MP
- Supporting Leicestershire Families
- Leicestershire County Council
- Charnwood Borough Council Local Councillor
- DWP Job Centre

Community: 2 forms received including responses from:
- Young Carer's Project
- Loughborough Wellbeing Café Project

4. Braunstone Town and Thorpe Astley:

Professionals: 0 forms received

Community: 0 forms received

5. Enderby:

Professionals: 1 form received:

- Enderby Medical Centre

Community: 1 form received:

- Enderby Parish Council

Totals:

- **Professionals: 27 forms received**
- **Community: 13 forms received**

Appendix H: Qualitative Review of Outcome STARs and Stories: learning points

Learning points from qualitative review of Outcome STARs:

Below we summarise our content and process reflections on carrying out the qualitative review of Outcome STARs to inform future learning:

a) Outcome STARs content:

- A key challenge was the level of inconsistency in the quality of notes / level of information included in the STARs – we had to trawl through to find STARs that were 'fully completed'
- It was sometimes unclear from the notes whether any change/referral/support was directly as a result of LAC or due to other services
- Notes not written in a way that means they are not very accessible to an outside reviewer. STARs included staff names rather than an organisation so unclear to an outside reviewer which service this is / the type of support they provide
- If the name of the organisation is included, often it is a service which is very local to the area so difficult for an outside reviewer to know what this is / does
- This also raises issues about the possibility of a Coordinator leaving and a new person in post having to pick up their work with beneficiaries – how transferable would the knowledge be?
- Variations in content and approach: some STARs have entries for each contact; for some everything is written retrospectively; and some likely to have missed entries
- Some documents are hand-written and difficult to read – again difficult for an outside reviewer and potential challenges here for any new Coordinator coming in and picking up the work with beneficiaries
- Overall it is difficult for an outside reviewer to follow the journey of the beneficiary due to lack of / unclear information, some irrelevant information included, possible missing entries, and lack of context e.g. about organisations
- Linking in with the SROI analysis and to enable analysis of sub-groups e.g. older people, those with mental health issues, LAC to consider whether the STARs need to be 'tagged' by key demographics to assist in this kind of analysis.

b) The process of carrying out the qualitative review of Outcome STARs:

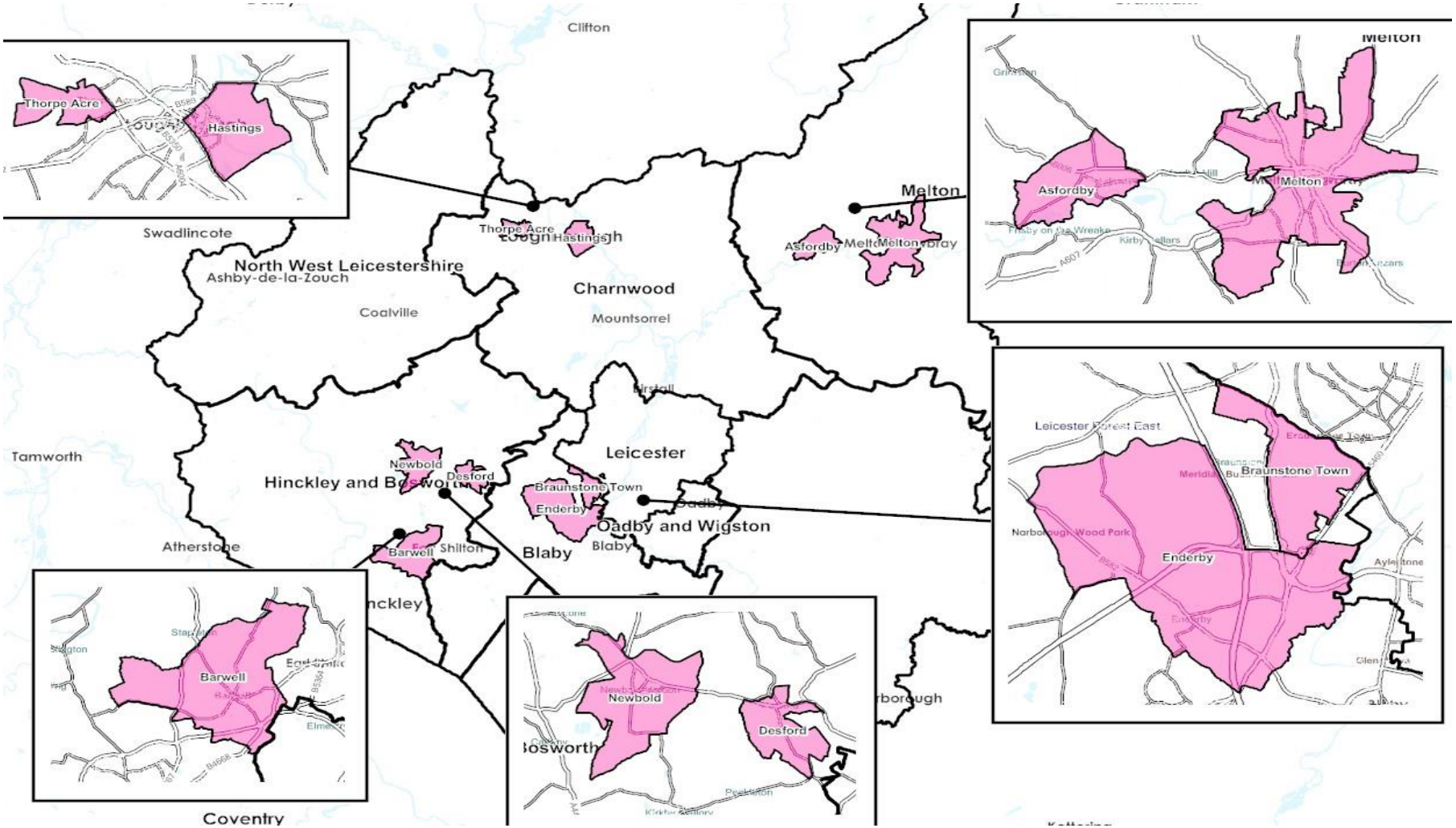
- During the review there were ICT login issues which meant we started to review information later than planned
- There was inconsistency in where information was saved – took time to find the documents. Coordinators save things in different ways, in different folders – suggests there is a real need for a more rigorous Knowledge Management System
- Some information was not available on the day and it took a number of weeks' post-review visit to obtain the required missing information, which took additional evaluation time.

Appendix I: Quantitative Analysis of Outcome STARs: Key Data

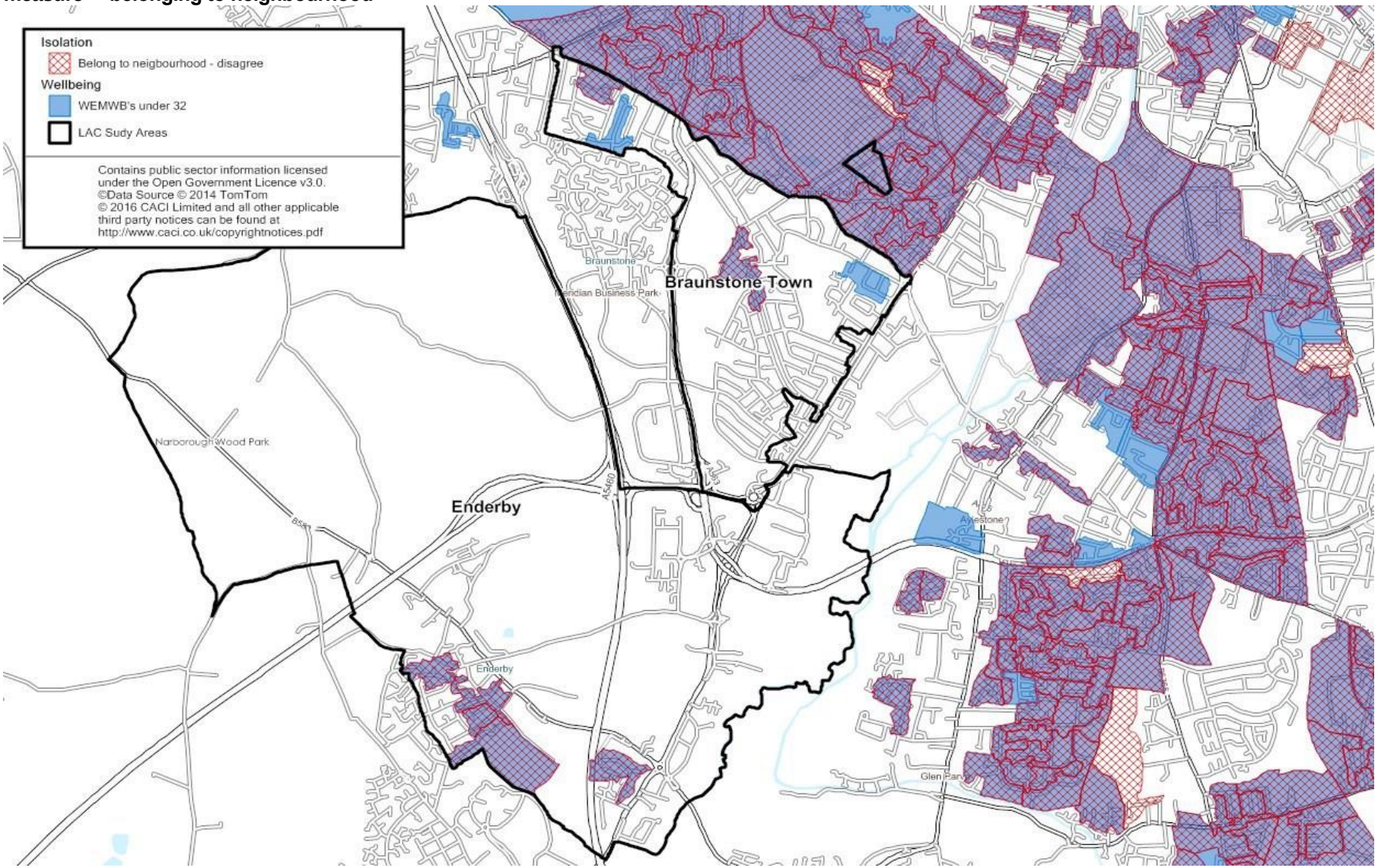
Key data from the quantitative analysis of Outcome STARS (n=94):

Summary	No. of positive change	%
Self-confidence (Level 2, outcome 1)	3	3%
Social isolation (Level 2, outcome 3)	41	44%
Feeling safe (Level 2, outcome 4)	6	6%
Part of the community (Level 2, outcome 5)	10	11%
Independence (Level 2, outcome 6)	11	12%
Reduce risk of fire (Level 2,outcome 7)	2	2%
Feeling in control (Level 2, outcome 8)	2	2%
Accessing benefits (Level 2, outcome 9)	4	4%
Improved mental health/wellbeing (Level 2, outcome 10)	18	19%
Retain property (Level 2, outcome 11)	10	11%
Better debt/finance control	15	16%
Supported to better manage their home (Family members, outcome 2)	8	9%
Improved mental health (CCG, Outcome 1)	11	12%
Improved health (CCG, outcome 2)	14	15%

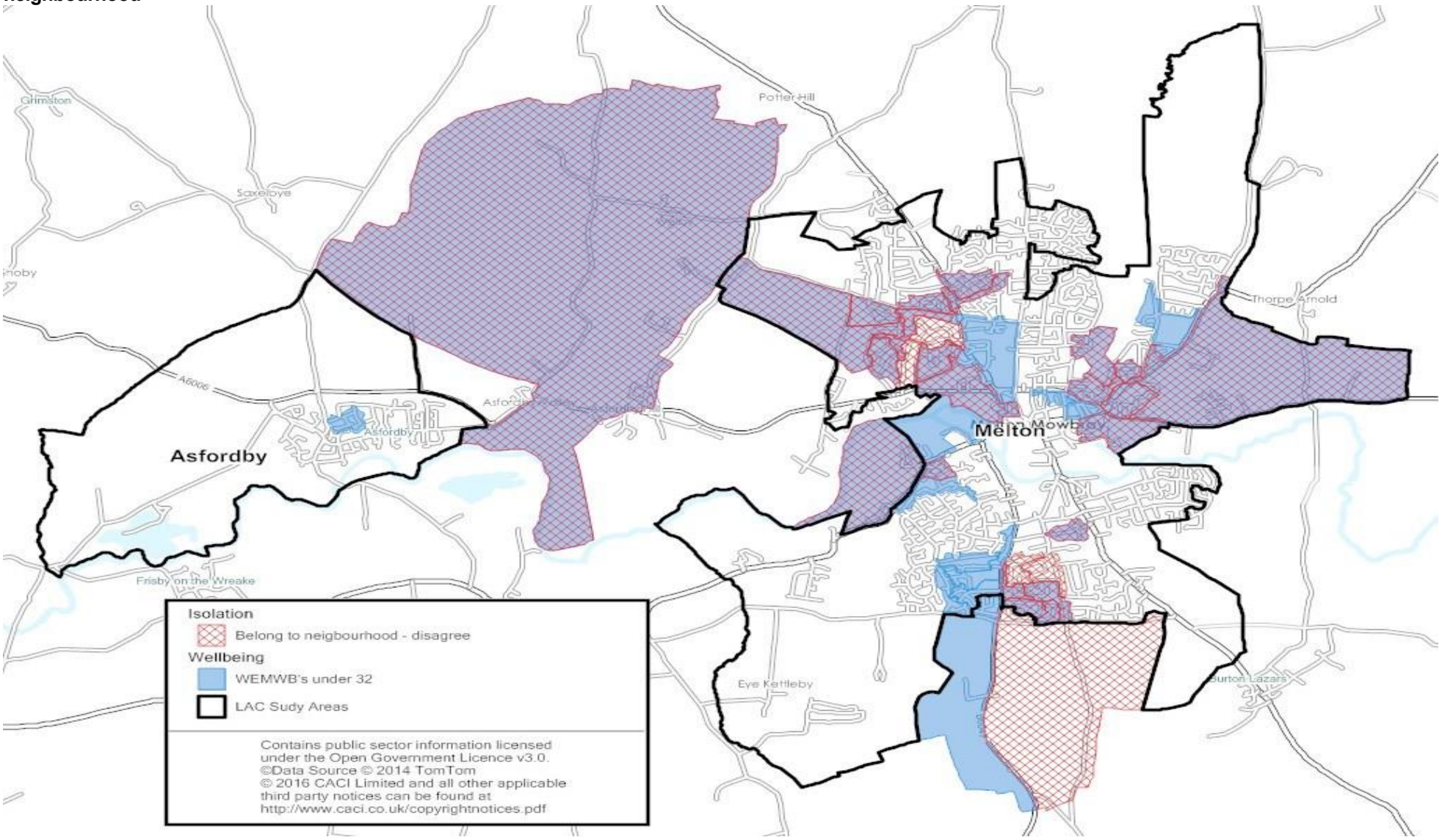
Appendix J: CACI InSite Mapping



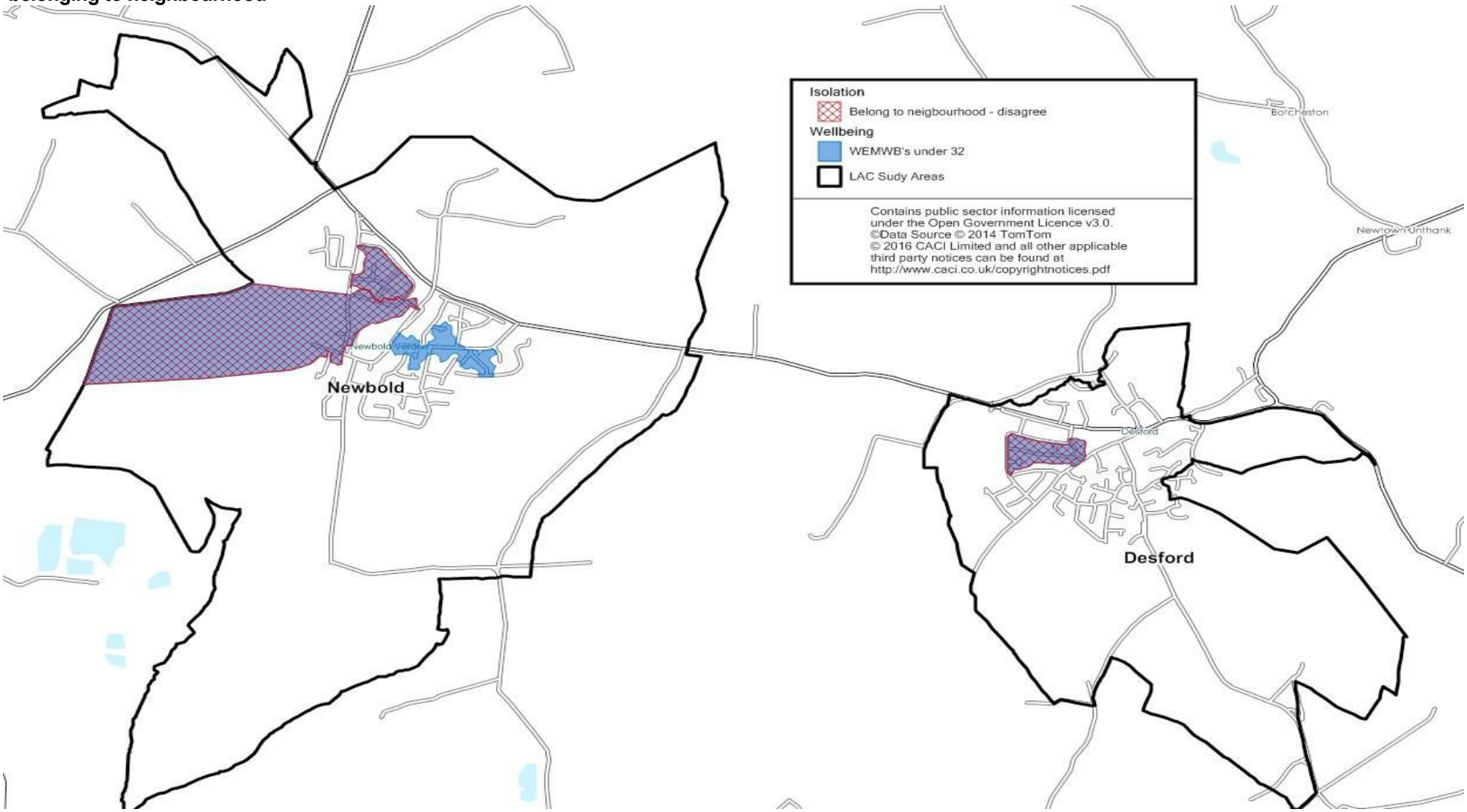
Enderby, Braunstone Town and Thorpe Astley: a) WEMWBs (Warwick and Edinburgh Mental health and Wellbeing Score) of under 32 and b) Social Capital measure – 'belonging to neighbourhood'



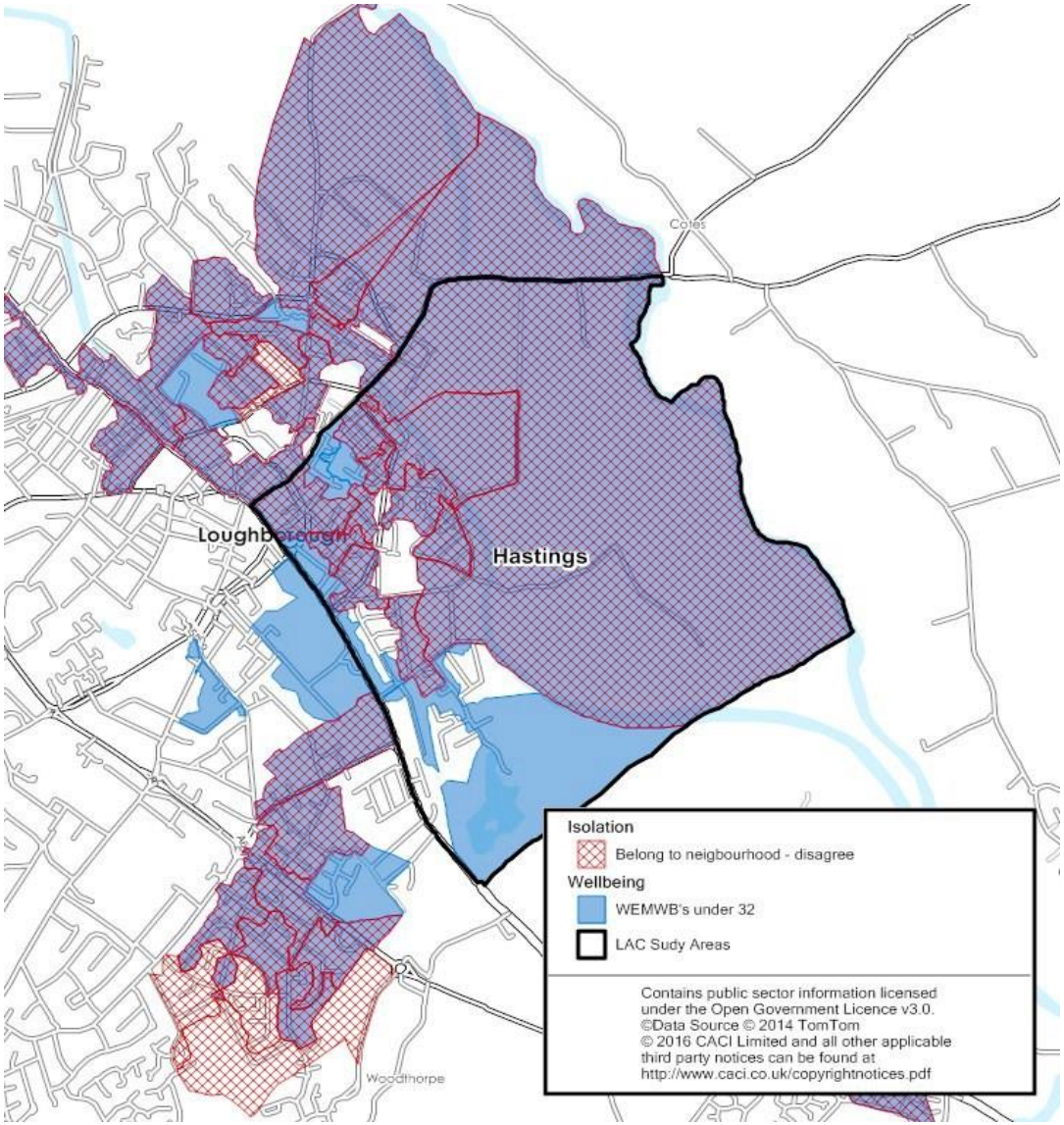
Asfordby and Melton: a) WEMWBs (Warwick and Edinburgh Mental health and Wellbeing Score) of under 32 and b) Social Capital measure – 'belonging to neighbourhood'



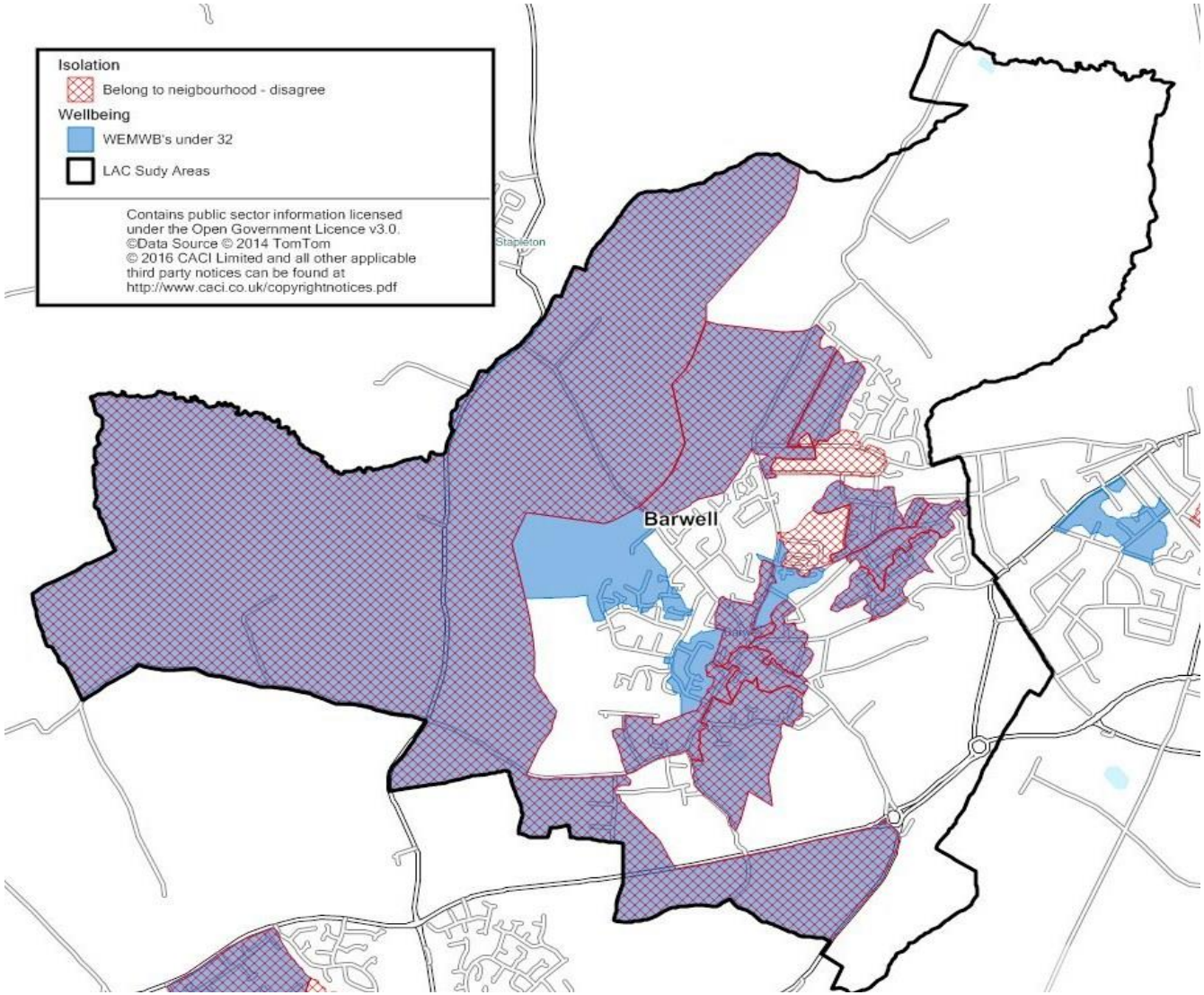
Newbold Verdon and Desford: a) WEMWBs (Warwick and Edinburgh Mental health and Wellbeing Score) of under 32 and b) Social Capital measure – 'belonging to neighbourhood'



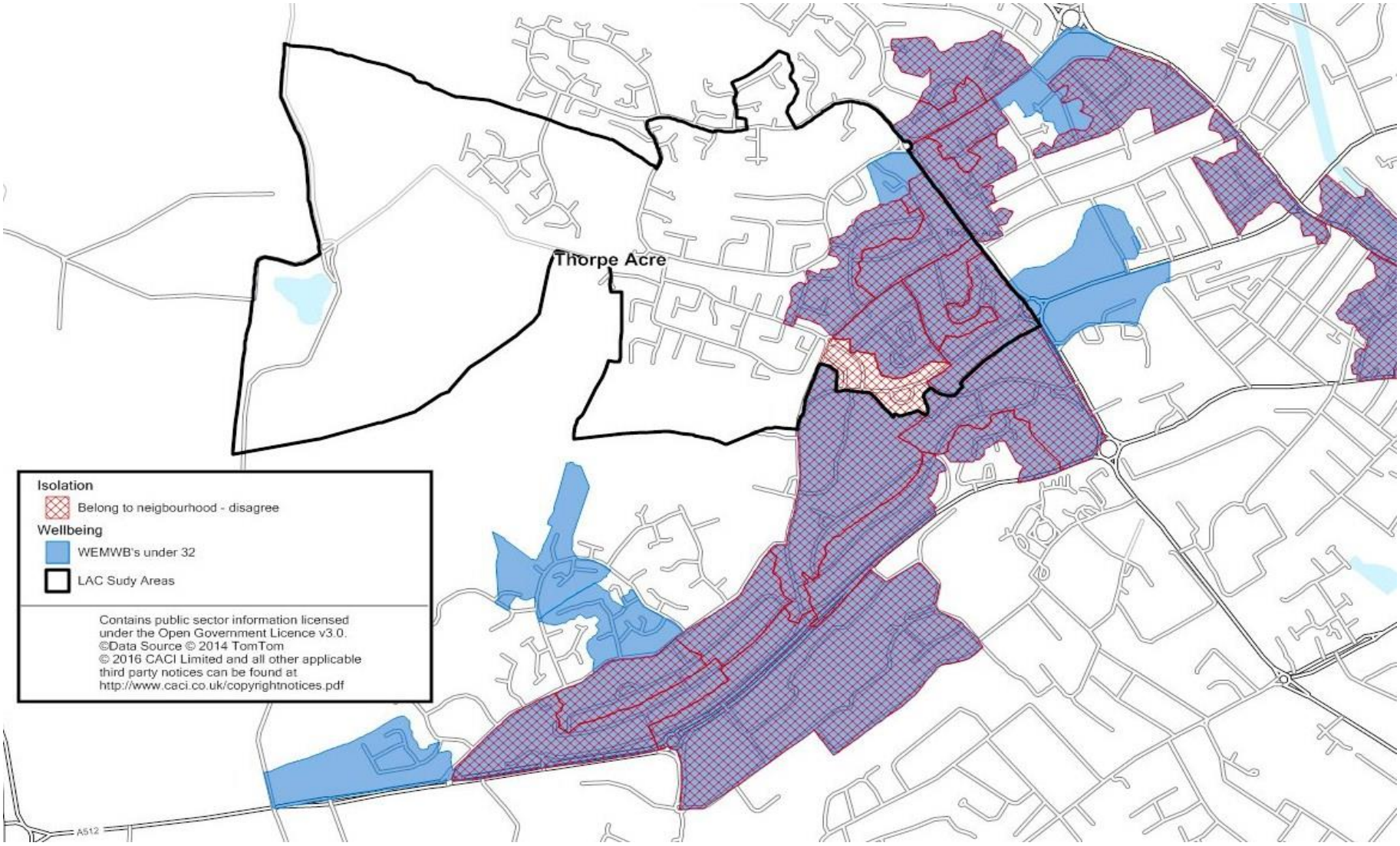
Hastings Ward: a) WEMWBs (Warwick and Edinburgh Mental health and Wellbeing Score) of under 32 and b) Social Capital measure – 'belonging to neighbourhood'



Barwell: a) WEMWBs (Warwick and Edinburgh Mental health and Wellbeing Score) of under 32 and b) Social Capital measure – 'belonging to neighbourhood'



Thorpe Acre: a) WEMWBs (Warwick and Edinburgh Mental health and Wellbeing Score) of under 32 and b) Social Capital measure – 'belonging to neighbourhood'



Appendix K: SROI Summary Findings

1. Overview of approach:

To conduct the Forecast SROI for Leicestershire LAC we have as far as practicable, replicated the published Forecast SROI methodology used in the Derby and Thurrock LAC evaluations prepared by Kingfisher (Project Management) Ltd[6].

In essence, the method calculates the resource inputs to the project over a fixed period, and then projects forward the most probable expected gains attributable to the project activities undertaken during that period, accumulating over a future forecast period.

The SROI has formed one part of a wider, qualitative evaluation of Leicestershire LAC and because of this (as well as the limited resources assigned to this element) it is important to note that we have prepared a 'fit-for-purpose', slimmed-down version of a Forecast SROI to suit the available project resources.

Our approach to the SROI has comprised the following stages:

- Reviewed the outcomes and indicators within the published Derby SROI report, in order to scope out what data is required and what should be available for Leicestershire LAC
- Updated the SROI domains table with primary data available from the evaluation elements and ensured our subsequent research design captured these elements
- The snapshot activity data obtained from Coordinators at four data points has provided vitally important data on the number of Level 1 and Level 2 beneficiaries, which has formed the Leicestershire sample base for the SROI calculations. Additional Leicestershire-specific data has been drawn from three main sources:
  a) the quantitative analysis of Outcome STARs wherever possible (as the sample size is larger and therefore more robust than data from the qualitative review of Outcome STARs);
  b) where quantitative data has not been available we have used the findings from the qualitative review of Outcome STARs; and
  c) data from specific questions for Coordinators which we added to the last two snapshot data collection phases in July and September 2016
- There are some domains and measures for which comparable local data is not available for Leicestershire – our approach to these is outlined in section 3 below. We had to tweak the measures for some, and for others had to replicate the Derby LAC SROI assumptions and apply to the Leicestershire beneficiaries sample base
- We have excluded certain items from our SROI calculation – these are outlined in section 3 below
- We set up an analysis model in Excel replicating the Derby SROI framework, to which we have added Leicestershire-specific data wherever possible
- Data on the value of inputs per annum were obtained from the client and these are outlined in section 2. We carried out a brief 'sense check' on these figures by compiling other available data on LAC inputs from a number of strategic / business case documents. From this source we have extracted the 'direct cost' elements, e.g. the employment costs for all LAC staff engaged in the delivery of the project. In addition, we have included a notional input cost to account for management overheads at 15% of direct staff costs, and a notional value for hosting costs and room hire even where these have been provided as goodwill
- We approached Fire and Rescue Service and EMH Homes contacts for data but unfortunately, no data was provided so we have had to replicate the Derby assumptions for these measures
- We have populated the SROI domains wherever possible with Leicestershire-specific data and calculated the Forecast SROI

[6] Marsh, H (March 2016), Social Value of Local Area Coordination in Derby: A Forecast Social Return on Investment Analysis for Derby City Council, Kingfishers (Project Management) Ltd

- Following a subsequent request from Leicestershire County Council as to whether there is a way of identifying from the SROI any areas where LAC makes a particular impact / has the greatest ROI (so this intelligence can be used to inform the future targeting of interventions), we have included in the below summary some additional key findings from this supplementary analysis. However, it is important to note that it is not possible to sub-divide the costs per domain to provide a set of domain-specific SROIs as we cannot separate out the inputs that have fed into the domains.

2. Key findings:

As summarised in the overview, **financial data on inputs per annum** were obtained from the LAC Manager, which predominantly cover the costs of the core LAC team – employment costs and travel expenses for the 8 Coordinators plus the LAC Manager, along with ICT costs. To this we added a notional 15% additional costs for management overheads (senior Public Health management and oversight of LAC, LAC Leadership Group involvement, evaluation oversight and management, administrative support, partner organisations making referrals to and receiving referrals from LAC); and we added a further 2% to reflect the value of hosting costs and room hire.

The **financial inputs total** was £362,700 per annum. From this we have calculated the total financial input value for **the 'resource investment period'**, which we have deemed to be the 15 months from the end of June 2015 to the end of September 2016.

- This amounts to a **total investment value of £453,375** for the 15 months of LAC's operation from the end of June 2015 to the end of September 2016).

For the purposes of producing the Forecast SROI for Leicestershire LAC it is therefore important to note the following assumptions have been made:

- Resource inputs are based on the current volume of LAC activity (8 Coordinators in 10 LAC areas, 1 LAC Manager) over a 15 month period
- We have not made any assumptions as to whether this team will grow in size and catchment (and that the associated volume of activity by Coordinators will increase) as this is currently unknown
- To calculate the SROI we have calculated the financial value of the fiscal, economic and social benefits attributable to this activity taking place over the investment period, based on tangible throughput / activity data (e.g. number of beneficiaries at Level 1 and Level 2, signposting, referrals to and from LAC etc.) for the period from the end of June 2015 to the end of September 2016.

The **expected benefits period** is built into the SROI model, which calculates the benefits of LAC input in Year 1, accumulating over a '**return on investment period' of three years, i.e. running on to 2018/19**. This replicates the assumptions of the Derby LAC SROI.

The model includes a 'tailing-off' of expected benefits over this three year period. It is important to note two points:

a) firstly, this model calculates the SROI Forecast as at a fixed reference date of 30th September 2016. Obviously as further input is made or continues beyond this date, the total benefits over the three year period will increase; and

b) secondly, while the SROI model adopts a fixed term cut-off for benefits after three years, there are probably much longer-term savings that can be accrued by LAC's contribution beyond this cut-off point. This is most likely to materialise through long-term prevention of what we have termed 'major critical incidents'[7]. The Leicestershire LAC Coordinators have estimated that **53 prospective future critical incidents** have been avoided as a result of their work with beneficiaries – these are real crisis points where considerable long-term cost savings are likely to ensue, along with potential inter-generational benefits. These are likely to result in substantial

[7] These could include family breakdown, imprisonment, homelessness, domestic violence, or hospitalisation.

further benefits over and above those calculated for the SROI 'return on investment' period of three years. We provide an indicative order-of-magnitude estimate for the additional benefits gained from avoidance of critical incidents in our main report.

Based on 15 months' worth of input and activity from the end of June 2015 to the end of September 2016, the **SROI analysis** has shown that Leicestershire LAC will generate a fiscal, economic and social return equating to a **Present Value[8] of £1,857,391** over the period to September 2018, deriving from a total **input cost of £453,375.**

- This equates to a **positive SROI ratio of £4.10 in accumulated benefit for every £1 spent**. This is a ratio slightly higher than that published for Derby. We note again that this excludes any longer-term cost savings emerging from the estimated 53 major critical incidents avoided to date.

The **supplementary analysis** to identify from the SROI any areas where LAC makes a **particular impact / has the greatest ROI** , to inform the future targeting of interventions, has produced the following results (we note that these are a 'rough and ready reckoner' and include an important caveat within this section):

- Overall, the cumulative three-year return to all agencies is £249.1k which is about £1 in every £8 of the total SROI. We assume this is a fiscal return in terms of net reduced service demand
- Therefore out of the total £453.4k input value, more than half of this (55%) is offset to the agencies as a direct return to themselves. It is therefore possible to argue that the net cost to the public purse over 3 years is less than half the gross input value used to calculate the SROI
- Just under half (46%) of the agency return accrues to Leicestershire County Council, with the other significant beneficiary being CCGs (which get a sixth of the agency return or 16%)
- We note that the returns data appear low within the SROI model for certain agencies e.g. EMH Homes and Leicestershire Police. This may not be fully covered in the model so we include an important caveat around this supplementary analysis – there is a need to further explore this field of evidence in any next phase of LAC roll-out.

3. Caveats / methodological limitations:

- We have previously highlighted that data in the Derby and Thurrock Forecast SROIs is based on (in our assessment) a relatively limited evidence base, mainly focusing on monthly reporting activity data from Coordinators, 20 case studies and 13 surveys. This confirms the challenges of obtaining robust evidence for LAC projects more generally but also confirms that our evidence base compares favourably
- We have previously raised caveats about the meaningfulness of some of the SROI measures / indicators within the domains e.g. multiple issues within one outcome measure; definitional challenges e.g. 'depression', 'mental health needs', 'older people'. These are intrinsic limitations to the published methodology
- We have not included in our calculation any resource implications for community groups facilitated by LAC which are now up and running (such as the Parent and Toddler group in Thorpe Astley) as we don't have data on this
- We have not included any initial LAC design and set-up costs in our calculation, as we have assumed these won't be included in any future LAC. The figures quoted above therefore fairly reflect the 'future run-on costs' of extending and / or rolling out LAC county-wide
- We have replicated the Derby assumptions for Level 1 beneficiaries but based on the number of Level 1 Leicestershire LAC beneficiaries obtained via the snapshot data; the majority of Leicestershire LAC-specific data relates to Level 2 beneficiaries who receive more intensive support (e.g. for whom an Outcome STAR is completed) and we don't have data for the indicators specific to Level 1 beneficiaries (as these generally receive less intensive, more signposting-based support from LAC)
- We had to adapt three indicators within three domains (Level 2 domain, LCC domain, and NHS Foundation Trust domain) which were specific to 'relief from depression' and amended

[8] Based on an annualised discount rate of 3.5% for the period stated.

these to the more generic 'improved mental health and wellbeing', or 'improved mental health' where there was specific reference to use of GP services in the themes processed. Data was drawn from the quantitative analysis of Outcome STARs. We weren't able to identify those individuals in our sample with depression (and were uncertain how this was defined within the Derby LAC SROI – clinically diagnosed depression, self-diagnosis; people taking anti-depressant medication?)

- For one measure within the Family Members domain, we had to replicate the Derby assumptions as we weren't able to identify how many of the Leicestershire beneficiaries have a family
- We made our own informed estimate, based on the evaluation findings as a whole, that all Coordinators had increased engagement with their own local communities and this assumption formed the estimate for one of the LAC domain measures
- For the two CCG domain indicators we had to amend the indicator definition:
    - a) For the first ('early intervention preventing the need for crisis intervention') we used our data on the number of individuals reporting improved mental health where there was specific reference to use of GP services in the themes processed (from the quantitative analysis of Outcome STARs);
    - b) For the second measure ('reduction in number of visits to the GP') we used data on the number of individuals reporting improved health (again from the quantitative analysis of Outcome STARs).
- We had to amend the indicator for the LCC domain measure 'reduction in demand on care and support services for older people'. We were unable to find the definition of 'older people' within the Derby LAC SROI report and unable to identify who in our sample was 'older', so we applied the Derby assumptions to our data on the 'improved health' measure (from the quantitative analysis of Outcome STARs)
- We omitted the Derby LAC SROI Transition 2 domain from our analysis as were unsure how it fitted within the Leicestershire context (and it only denoted a small financial ROI)
- We replicated the Derby assumptions and applied to our data on the number of Leicestershire beneficiaries for the NHS Support domain; for one measure within the NHS Foundation Trust domain; the EMH Homes domain (local data was not provided by the contact approached at EMH Homes); the FRS domain (local data was not provided by the contact approached at the FRS), and the First Contact domain
- We applied our own informed estimates to the indicators within the Community Group domain and then applied the Derby assumptions to this data
- We have noted that the returns data appear low within the SROI model for certain agencies and recommend that there is a need to further explore this supplementary field of evidence in any next phase of LAC roll-out
- Finally, we would wish to re-iterate that the Forecast SROI is based on a quantified counting model, whereas the broader LAC evaluation was commissioned to be qualitative in approach. The qualitative evidence was intended to capture the 'softer' and less quantifiable outcomes emerging from LAC as an assets-based and very different way of delivering a public service intervention. It relies on working with beneficiaries with a range of complex and multi-layer issues
- We therefore emphasise again that whilst the SROI findings form one part of the evidence base, they do not provide the complete picture – they should be seen in context of the wider Leicestershire LAC evaluation findings as a whole. This is particularly important given that the SROI itself is a slimmed-down and fit-for-purpose version of a full-scale Forecast SROI. It is also important to note again that the SROI findings are only a partial reflection of the benefits, and do not take account of the longer-term, generational savings which are likely to accrue from the 53 critical incidents avoided to date.

Appendix L: Illustrative LAC Coordinator Community Case Studies

Leicestershire Local Area Coordination Evaluation: MEL Research
LAC Coordinator Community Case Study 1 July 2016: Thorpe Astley

Please provide a case study based on an example of LAC having a positive community-based impact. This could be a new local community group which LAC has helped get established, or support provided by LAC to enable an existing group to obtain funding. Please feel free to include any photographs (provided that there are no issues of consent. Please do not include any photos of children).

Please could each LAC Coordinator complete the template below electronically (with any beneficiary details anonymised) and return to Anne at MEL Research by **15th July 2016** (copying in Simon). NB: This should be an example not already captured in a case study compiled by the LAC Coordinators or prepared for MEL previously.

Date of completion: 13.07.16

Completed by: …Roo

LAC area: Thorpe Astley

Q1 Firstly, please provide one short overview paragraph (anonymised) giving some background information about LAC having this community-based impact; how this came about; the role that LAC played; what progress has been made to date; thoughts about future sustainability.
LAC allowed some mums to use the Thorpe Astley community centre as a venue without being charged private hire prices and leaving huge deposits. It is now set up so mums meet on a weekly basis and is run by the mums themselves.

Q2. Please provide a short overview about the demographics of the beneficiaries involved – age, gender, ethnicity, plus anything else you think relevant.
Mums with babies and toddlers from local area.

Q3. Please provide a short overview of any signposting or referrals you have carried out to other organisations, on behalf of the beneficiaries involved.
Children's centre events as and when they occur.

Q4. What do you think worked particularly well in terms of how LAC has worked in this community-based example you are providing?
The group hit a real community need. Over 100 people from the local area have passed through the group.

Q5. And has anything not worked so well / gone to plan in terms of how LAC has worked in this community-based example? Why do you think that is? Have you changed anything as a result – if so, please tell us what?

Q6. Can you provide one good practice example of how LAC worked with partners/other organisations to support this community-based activity?
Town council gave them £300 grant.

Q7. Can you provide one key challenge relating to how LAC worked with partners/other organisations to support this community-based activity?
I've been stopped from using the community centre where they meet for over four weeks now – and it is still continuing. This has not only stopped me from meeting the group in their own surroundings but could have started detrimental attitudes to working with me.

Q8. What do you think LAC did that other models of service delivery/ways of working could not or did not do – what do you think has been distinctive about LAC in this community-based example?
Community own and run the group. It's their decision what happens. They found me and asked for help to start up –That's all.

Q9. What do you think contact with LAC has enabled the community group / community / beneficiaries to achieve or do, which they wouldn't otherwise have been able to?
The coordinating role. Sometimes, you just need someone to go to to fix it or ask for help. I have been that person.

Q10. For each of the following, please can you provide a snapshot of the key outcomes which you think have been achieved via LAC's work in this community-based example:

a. Individual outcomes: [example themes: personalised support / single point of access to services / health and mobility / QoL / social interaction and reduced isolation / community connectivity / mental wellbeing and self-esteem / facilitating independence / self-efficacy and resilience]

Reduced isolation, friends for life, connectivity between friends through facebook in the evenings.

b. Community outcomes: [example themes: increase in community links and networks / increased community capacity and assets / community cohesion / volunteering levels / community pride and ownership / increased capacity of VSC / tangible funding bids / environmental QoL and fear of crime – ASB, litter, dog fouling]

Community cohesion

c. HSC integration outcomes: [example themes: Coordinators as single point of access for service use and service navigators / increased links with other services linked to wider determinants of health / avoidance of duplication in services / reduced demand for secondary care or other services]

Positive mental health, peer support so reduced reliance on services, physical health improved as parents and children walk to group,

Q11. Please note below any other points that you think are relevant which have not been included so far.

Leicestershire Local Area Coordination Evaluation: MEL Research
LAC Coordinator Community Case Study 2 July 2016: Hastings Ward

Please provide a case study based on an example of LAC having a positive community-based impact. This could be a new local community group which LAC has helped get established, or support provided by LAC to enable an existing group to obtain funding. Please feel free to include any photographs (provided that there are no issues of consent. Please do not include any photos of children).

Please could each LAC Coordinator complete the template below electronically (with any beneficiary details anonymised) and return to Anne at MEL Research by **15th July 2016** (copying in Simon). NB: This should be an example not already captured in a case study compiled by the LAC Coordinators or prepared for MEL previously.

Date of completion: 07/07/2016

Completed by: Milo Poli

LAC area: Hastings Ward

Q1 Firstly, please provide one short overview paragraph (anonymised) giving some background information about LAC having this community-based impact; how this came about; the role that LAC played; what progress has been made to date; thoughts about future sustainability.
There are many examples of how LAC has had a positive community-based impact in Hastings ward including:

- Vista blind & Friendship group-set up a new group
- Networking event- improved community links and cohesion
- Fb page & Mailing list - utilising assets by promoting local opportunities, events and groups.
- Community drop in's- supporting/upskilling the local centres.

Although this case study will be about the community golf project which was set up to create links between the MTC and the Carpenters arms and to improve the health and wellbeing of their services users. I was made aware of an opportunity set up by golf England for some free golf lessons run by a golf professional, all they required was a group of 8 individuals. As I had good links within the community and was aware that the MTC and the Carpenters arms would be interested and would benefit from the session. I also made the Falcon centre aware of the opportunity but let them organise it themselves as I knew they had the capacity to do so. The sessions were a success and the guys that attended really enjoyed them. I applied for some funding so similar sessions could continue. The funding allowed the costs of a round to be subsidised and I was able to purchase a set of golf clubs for community use. It was agreed that the MTC and Carpenters arms would take it in turns to organise the session and provide transport so I could taper off my support. However due to changes in staff at the MTC and Falcon centre this did not happen and the sessions did not run without my input. I presented the opportunity to the falcon centre that accepted and organise the session on a weekly basis.

Q2. Please provide a short overview about the demographics of the beneficiaries involved – age, gender, ethnicity, plus anything else you think relevant.
The age varies from 20 year olds to 60 year olds, there has only been 1 female attend the rest have been male and the majority of individuals have a previous history of addiction or homelessness.

Q3. Please provide a short overview of any signposting or referrals you have carried out to other organisations, on behalf of the beneficiaries involved.
We would have alternate meeting points between the MTC, the Carpenters arms and the Falcon centre so the individuals attending would be aware of what was available at each centre. The session would also give me the opportunity to get to know the individuals better and find out what kind of local activities/opportunities they might enjoy, for example I found out that two of the guys who attended one week enjoyed arts and crafts and had a history of mental health illnesses so I took them along to Charnwood arts and introduced them to Gemma.

Q4. What do you think worked particularly well in terms of how LAC has worked in this community-based example you are providing?
I was able to adapt the project to suit the community and utilised my links within the area to facilitate introductions between the services users of different centres. I have also been able to open up the opportunity to individuals who are not involved in the MTC, Carpenters arms or the Falcon centre. The session proved to be a good way to make an introduction between individuals as it was a relaxed environment and they had mutual interest in golf.

Q5. And has anything not worked so well / gone to plan in terms of how LAC has worked in this community-based example? Why do you think that is? Have you changed anything as a result – if so, please tell us what?
Getting the project to a point where it was sustainability without my input was difficult as it need someone to motivate the attendees, organise the session and provide transport. I think it was difficult as the target audience have hectic lifestyles and have generally been difficult to engage with. This is why the project was passed on to the falcon centre as they have the capacity to provide the support that was required.

Q6. Can you provide one good practice example of how LAC worked with partners/other organisations to support this community-based activity?
The attendees came from the MTC, Falcon centre and Carpenters arms I also promoted it to the other agencies/organisation and Community Centres in the area via the mailing list and FB page. The sessions improved the links between the 3 different Centres; some of the guys from the Falcon Centre had never been to the MTC or Carpenters arms and vice versa.

Q7. Can you provide one key challenge relating to how LAC worked with partners/other organisations to support this community-based activity?
It was difficult to get someone from one of the centres to organise the session and once the Falcon centre accepted to take on the responsibility I had to be the conduit between the centres to let them know the times, dates etc of the session so that others in the community also had the opportunity to attend rather than it being a closed session for residents of the falcon centre.

Q8. What do you think LAC did that other models of service delivery/ways of working could not or did not do – what do you think has been distinctive about LAC in this community-based example?
Having the links and flexibility to set the project up in the first place and being able to give services users from various community centres and services the opportunity to get involved in the project and meet new people.

Q9. What do you think contact with LAC has enabled the community group / community / beneficiaries to achieve or do, which they wouldn't otherwise have been able to?
Meet new people from different centres. It also provided them with the flexibility to make the project work for them with regards to times, days, golf course and had the time to find a way for the project to become as sustainable as it could be.

Q10. For each of the following, please can you provide a snapshot of the key outcomes which you think have been achieved via LAC's work in this community-based example:

a. Individual outcomes: [example themes: personalised support / single point of access to services / health and mobility / QoL / social interaction and reduced isolation / community connectivity / mental wellbeing and self-esteem / facilitating independence / self-efficacy and resilience]

- Improved health and wellbeing via exercise
- Social interaction and reduced isolation through meeting new people and making new friends
- Community connectivity through improving community links
- Self-efficacy and resilience via improved confidence and increase networks of support

b. Community outcomes: [example themes: increase in community links and networks / increased community capacity and assets / community cohesion / volunteering levels / community pride and ownership / increased capacity of VSC / tangible funding bids / environmental QoL and fear of crime – ASB, litter, dog fouling]

- Improved community links and networks
- Increased community capacity and assets
- Community cohesion
- Increased capacity for the carpenters arms, the MTC and the falcon centre.

c. HSC integration outcomes: [example themes: Coordinators as single point of access for service use and service navigators / increased links with other services linked to wider determinants of health / avoidance of duplication in services / reduced demand for secondary care or other services]

- Increased links with other centres
- Avoidance of duplication in services
- Reduced demand for secondary care by improving individuals health and wellbeing, taking a preventative approach.

Q11. Please note below any other points that you think are relevant which have not been included so far.

The community golf clubs can be used by anyone who lives local that would like to give golf a go. Since the project started around 4 of the individuals who have attended have either purchased or had a set of clubs donated to them as they intend to keep playing. This provides them with a hobby, structure and away to meet new people and make friends.

Leicestershire Local Area Coordination Evaluation:
LAC Coordinator Community Case Study 3 July 2016: Enderby

Please provide a case study based on an example of LAC having a positive community-based impact. This could be a new local community group which LAC has helped get established, or support provided by LAC to enable an existing group to obtain funding. Please feel free to include any photographs (provided that there are no issues of consent. Please do not include any photos of children).

Please could each LAC Coordinator complete the template below electronically (with any beneficiary details anonymised) and return to Anne at MEL Research by **15th July 2016** (copying in Simon). NB: This should be an example not already captured in a case study compiled by the LAC Coordinators or prepared for MEL previously.

Date of completion: 07/07/2016……

Completed by: Anna Christie…….

LAC area: Enderby……..

Q1 Firstly, please provide one short overview paragraph (anonymised) giving some background information about LAC having this community-based impact; how this came about; the role that LAC played; what progress has been made to date; thoughts about future sustainability.

I am based at the local Parish Council who took over the running of the local library in April. The library is now run by a volunteer management committee and the library is staffed by a group of local volunteers. I have held advice sessions in the library since September 2015 and know a number of the volunteers and library users. I then supported the group in running an opening event and was subsequently asked to be on the management committee. I will be supporting the development of the library as a community resource moving forward, particularly for groups and activities. I am already in talks with the committee about a knit and natter groups and a games club for people with visual impairments.

Q2. Please provide a short overview about the demographics of the beneficiaries involved – age, gender, ethnicity, plus anything else you think relevant.

The library volunteers are an eclectic bunch with an age range spanning from late teens to late 80's. They are mostly female and all but one are White British

Q3. Please provide a short overview of any signposting or referrals you have carried out to other organisations, on behalf of the beneficiaries involved.

For library users I have signposted to many agencies organisations, including Citizens Advice, Stepchange and Blaby District council services such as housing, environmental health

Q4. What do you think worked particularly well in terms of how LAC has worked in this community-based example you are providing?

It has tied in very neatly with the community capacity building of LAC and has been successful due to the relationships built with the Parish Council and volunteers

Q5. And has anything not worked so well / gone to plan in terms of how LAC has worked in this community-based example? Why do you think that is? Have you changed anything as a result – if so, please tell us what?

It took me a long time to become involved. Initially I think they were wary because I work for LCC, who had just cut the funding for the library. However they now understand why I want to be involved and the support I can give them

Q6. Can you provide one good practice example of how LAC worked with partners/other organisations to support this community-based activity?

I worked with the volunteers on the opening day and advertised it on my social media accounts. I was also able to document the day for them and share pictures of the success

Q7. Can you provide one key challenge relating to how LAC worked with partners/other organisations to support this community-based activity?

The main challenge has been navigating the conflict of interest. I have had to submit an application to allow me to be on the management committee. It held up my involvement for several weeks

Q8. What do you think LAC did that other models of service delivery/ways of working could not or did not do – what do you think has been distinctive about LAC in this community-based example?

Being able to have a presence and build relationships over time. Being able to offer advice of places they could get support locally for the opening event. I was also able to support the recruitment of local volunteers

Q9. What do you think contact with LAC has enabled the community group / community / beneficiaries to achieve or do, which they wouldn't otherwise have been able to?

I think they would have been successful but LAC has given more scope to what is possible in using the library for groups and activities

Q10. For each of the following, please can you provide a snapshot of the key outcomes which you think have been achieved via LAC's work in this community-based example:

a. Individual outcomes: [example themes: personalised support / single point of access to services / health and mobility / QoL / social interaction and reduced isolation / community connectivity / mental wellbeing and self-esteem / facilitating independence / self-efficacy and resilience]

Personalised support
Single point of access
Community connectivity
Facilitating independence

b. Community outcomes: [example themes: increase in community links and networks / increased community capacity and assets / community cohesion / volunteering levels / community pride and ownership / increased capacity of VSC / tangible funding bids / environmental QoL and fear of crime – ASB, litter, dog fouling]

Increased community capacity
Community cohesion
Volunteering levels
Community pride

c. HSC integration outcomes: [example themes: Coordinators as single point of access for service use and service navigators / increased links with other services linked to wider determinants of health / avoidance of duplication in services / reduced demand for secondary care or other services]

Single point of access

Leicestershire Local Area Coordination Evaluation:
LAC Coordinator Community Case Study 4 July 2016: Thorpe Acre

Please provide a case study based on an example of LAC having a positive community-based impact. This could be a new local community group which LAC has helped get established, or support provided by LAC to enable an existing group to obtain funding. Please feel free to include any photographs (provided that there are no issues of consent. Please do not include any photos of children).

Please could each LAC Coordinator complete the template below electronically (with any beneficiary details anonymised) and return to Anne at MEL Research by **15th July 2016** (copying in Simon). NB: This should be an example not already captured in a case study compiled by the LAC Coordinators or prepared for MEL previously.

Date of completion:16th July 2016……

Completed by: Vicky Utting…….

LAC area: Thorpe Acre Loughborough……..

Q1 Firstly, please provide one short overview paragraph (anonymised) giving some background information about LAC having this community-based impact; how this came about; the role that LAC played; what progress has been made to date; thoughts about future sustainability.
Mr L aged 77, who self introduced himself to LAC, in his actions explained one of his hobbies was whist and that he would like to teach and play. He was a member of the Wednesday coffee morning and he offered the opportunity to other members. It was a good start and several members joined him. He was able to teach 2 members and for some members a memory and a reminder of how to play as it had been many years. Although this was a good start the coffee morning was not the regular weekly whist drive he was thinking of and Vicky (LAC), researched for other options. The best option was at a residential complex where the manager was happy to support as she wanted the community to come to the complex and integrate with their community. However Mr L became unwell and was admitted to hospital for several months. When he returned home he still had the same goals and Vicky checked with the manager of residential complex if a whist drive was still possible and if so could Mr L come and chat about the possibilities. Vicky gave Mr L details and told him to drop in. Mr L did go and arranged a time and day for a game. The manager promoted this and at the end of June Mr L with 3 residents played their first game. Mr L has a regular slot on the weekly programme. LAC only needs to provide monitoring and support if needed. There is no cost for the venue and Mr L is happy to volunteer and facilitate which makes this community asset created by a residents experience and skills a sustainable offer.

Q2. Please provide a short overview about the demographics of the beneficiaries involved – age, gender, ethnicity, plus anything else you think relevant.
The whist drive attracts mainly older people and the resident's complex is for older people. So far the male female divide is equal and mostly white /British

Q3. Please provide a short overview of any signposting or referrals you have carried out to other organisations, on behalf of the beneficiaries involved.
The introduction to the manager as mentioned above commenced the process. LAC will help with regular promotion and networking to help with recruitment and sustainability.

Q4. What do you think worked particularly well in terms of how LAC has worked in this community-based example you are providing?
The continuous networking building positive relationships and LAC's knowledge of the area opened up the opportunity for a free venue. The residential complex's aim of including more local people to come and visit to help their residents meet people is also an asset to helping this be successful. The initiative enables being able to spend time, sit and listen to Mr L discuss things he would like to do - added to his willingness to try and with his experience, motivation and confidence has made it possible

Q5. And has anything not worked so well / gone to plan in terms of how LAC has worked in this community-based example? Why do you think that is? Have you changed anything as a result – if so, please tell us what?
Due to Mr L's illness it took a bit longer to commence

Q6. Can you provide one good practice example of how LAC worked with partners/other organisations to support this community-based activity?
Involved local councillors to update them on the residential complex's goals of working more with local residents

Q7. Can you provide one key challenge relating to how LAC worked with partners/other organisations to support this community-based activity?
The delayed start could have been a problem if there had been any changes such as if the venue had no longer any available space. It required keeping the idea alive but no actual start date for recruitment

Q8. What do you think LAC did that other models of service delivery/ways of working could not or did not do – what do you think has been distinctive about LAC in this community-based example?
LAC has the time to network and change plans such as waiting for a resident to become well again. It also is able to link residents. LAC get to know the area and not just what is happening but what could be the possibilities if the options become available

Q9. What do you think contact with LAC has enabled the community group / community / beneficiaries to achieve or do, which they wouldn't otherwise have been able to?
It is a new idea to use the residential complex which only became apparent after a networking meeting planned by LAC to help get to know the area. Without this meeting this may have gone unknown as leaders of community assets do not come together in the area. A gap LAC has identified and is trying to address

Q10. For each of the following, please can you provide a snapshot of the key outcomes which you think have been achieved via LAC's work in this community-based example:

a. Individual outcomes: [example themes: personalised support / single point of access to services / health and mobility / QoL / social interaction and reduced isolation / community connectivity / mental wellbeing and self-esteem / facilitating independence / self-efficacy and resilience]

This has increased wellbeing - social interaction – help prevent social isolation- has supported independence – connected to community and overall increases resilience

b. Community outcomes: [example themes: increase in community links and networks / increased community capacity and assets / community cohesion / volunteering levels / community pride and ownership / increased capacity of VSC / tangible funding bids / environmental QoL and fear of crime – ASB, litter, dog fouling]

This has increased partnership working – networking – increased and shared community assets and capacity – increased volunteering and community cohesion

c. HSC integration outcomes: [example themes: Coordinators as single point of access for service use and service navigators / increased links with other services linked to wider determinants of health / avoidance of duplication in services / reduced demand for secondary care or other services]

This has supported Mr L and his recovery. With promotion this has the possibility of supporting more residents who can support each other and reduce demand on services

Q11. Please note below any other points that you think are relevant which have not been included so far.
The partnership with the residential complex will hopefully offer more opportunities. The idea of using other residential complex will be researched more as there are several in the area

Leicestershire Local Area Coordination Evaluation:
LAC Coordinator Community Case Study 5 July 2016: Desford and Newbold Verdon

Please provide a case study based on an example of LAC having a positive community-based impact. This could be a new local community group which LAC has helped get established, or support provided by LAC to enable an existing group to obtain funding. Please feel free to include any photographs (provided that there are no issues of consent. Please do not include any photos of children).

Please could each LAC Coordinator complete the template below electronically (with any beneficiary details anonymised) and return to Anne at MEL Research by **15th July 2016** (copying in Simon). NB: This should be an example not already captured in a case study compiled by the LAC Coordinators or prepared for MEL previously.

Date of completion: ……18/07/2016……

Completed by: ……John Coghlan……..

LAC area: …Newbold Verdon & Desford……..

Q1 Firstly, please provide one short overview paragraph (anonymised) giving some background information about LAC having this community-based impact; how this came about; the role that LAC played; what progress has been made to date; thoughts about future sustainability.

I was approached by two ladies J & S who are residents of Desford and people that have been introduced to me as LAC, who were keen to get the knit & stitch group up and running again. There had previously been a group which ran fortnightly in the library, but had come to a stop as no-one attended.
I, along with the two ladies, contacted one of the original knit n stitch group members M and L who is one of the co-ordinator from the Desford Good Neighbours scheme to invite them along to a meeting.
It was discussed at the meeting that there was interest in relaunching the knit n stitch group.
Following on from this meeting, the following was decided-

- New name and poster designed
- That the group should run weekly on Thursday mornings.
- All parties present at the meeting will inform friends, colleagues, etc that the group is now operating weekly.
- I will be, where possible, working from Desford Library on Thursday mornings to support the group.
- It has been agreed to run the group for at least 3 months in order to give it time to drum up new interest.

Q2. Please provide a short overview about the demographics of the beneficiaries involved – age, gender, ethnicity, plus anything else you think relevant.

60-80 years
White British

Q3. Please provide a short overview of any signposting or referrals you have carried out to other organisations, on behalf of the beneficiaries involved.

Posters have now been put up on the village notice boards, along with the GP surgery. I will be advising people who I am working with that the group is now running. J, L & M will be informing their friends and L advised that she will inform her colleagues, so that they in turn can promote the group to the users of the DGN scheme.

Q4. What do you think worked particularly well in terms of how LAC has worked in this community-based example you are providing?

LAC initially re-introduced J&S to each other. That J & S, having both been introduced to LAC for individual reasons some time previously, approached me to ask for LAC input. Both ladies have an understanding of the principles of and how LAC works. J&S had known each other for a long time however, until this recent coming together, had not been in touch with each other for some years. Now they are in regular contact with each other in addition to meeting at the group.

Q5. And has anything not worked so well / gone to plan in terms of how LAC has worked in this community-based example? Why do you think that is? Have you changed anything as a result – if so, please tell us what?

This question is difficult to answer as the group has only been running for two weeks.

Q6. Can you provide one good practice example of how LAC worked with partners/other organisations to support this community-based activity?

By inviting the co-ordinator from the Desford Good Neighbour scheme along to the meeting.

The DGN volunteers provide a lot of help and assistance to many of Desford's residents. Networking between LAC and DGN can help to promote the benefits of both services to local people, through word of mouth introductions.

Q7. Can you provide one key challenge relating to how LAC worked with partners/other organisations to support this community-based activity?

In this particular instance no challenges were encountered as all parties concerned were only too willing to meet and support each other and the group as much as possible.

Q8. What do you think LAC did that other models of service delivery/ways of working could not or did not do – what do you think has been distinctive about LAC in this community-based example?

For me, one of the single biggest advantages that LAC has is in being based within the local community. I have had countless people say to me, both citizens and people from voluntary/statutory organisations, that it makes such a huge difference having someone that they can see/talk to regularly that are on their doorstep.
I believe that I & LAC have been accepted by the residents of both Newbold & Desford, because as a Local Area Co-ordinator, I am a single constant & visible presence, which people can approach. In dealing with one person face to face, rather than a number of different people over the telephone etc, then a sound working & trusting relationship can be built.

Q9. What do you think contact with LAC has enabled the community group / community / beneficiaries to achieve or do, which they wouldn't otherwise have been able to?

LAC has reintroduced J & S to each other, whereby they are now regularly in contact with each other by telephone or face to face. I was introduced to both J & S some time ago and have carried out individual work with them both. During this time, not only have I got to know them, but they have got to know me and understand the aims of LAC. I believe that this has given them a starting point of approaching me and in turn working/coming together, to at least try and get the group running again and make it a success.

Q10. For each of the following, please can you provide a snapshot of the key outcomes which you think have been achieved via LAC's work in this community-based example:

a. Individual outcomes: [example themes: personalised support / single point of access to services / health and mobility / QoL / social interaction and reduced isolation / community connectivity / mental wellbeing and self-esteem / facilitating independence / self-efficacy and resilience]

- Reducing isolation.
- Giving people the opportunity of giving something to their local community.
- Self-worth.
- Independence
- Reintroducing old friends.
- Networking with other local people.
- Promoting the LAC model.

b. Community outcomes: [example themes: increase in community links and networks / increased community capacity and assets / community cohesion / volunteering levels / community pride and ownership / increased capacity of VSC / tangible funding bids / environmental QoL and fear of crime – ASB, litter, dog fouling]

- Excellent use of a community building.
- A weekly outlet that anyone can attend for a couple of hour's social interaction every week.
- A feeling of putting something back into the local community.

c. HSC integration outcomes: [example themes: Coordinators as single point of access for service use and service navigators / increased links with other services linked to wider determinants of health / avoidance of duplication in services / reduced demand for secondary care or other services]

- Partnership networking
- The more local community led groups & activities that take place, which offer people a choice, hopefully in time reduces the need for more formal based services

Q11. Please note below any other points that you think are relevant which have not been included so far.

I believe that it is very important to stress the benefits of being based in the heart of a community. I have had a tremendous welcome from the residents of both Desford and Newbold Verdon, building trust & positive/sound working relationships. I have also been invited to attend local community group meetings that take place every month that take place in both Newbold Verdon and Desford.

The relationship that has been developed between residents, local business' GP surgeries etc, would not, in my opinion, be as strong as they are now if I was located in an office outside of and away from the two villages I am currently a part of.

Leicestershire Local Area Coordination Evaluation:
LAC Coordinator Community Case Study 6 July 2016: Barwell

Please provide a case study based on an example of LAC having a positive community-based impact. This could be a new local community group which LAC has helped get established, or support provided by LAC to enable an existing group to obtain funding. Please feel free to include any photographs (provided that there are no issues of consent. Please do not include any photos of children).

Please could each LAC Coordinator complete the template below electronically (with any beneficiary details anonymised) and return to Anne at MEL Research by **15th July 2016** (copying in Simon). NB: This should be an example not already captured in a case study compiled by the LAC Coordinators or prepared for MEL previously.

Date of completion: …15/07/2016……

Completed by: ……Kerry Smith……..

LAC area: …Barwell……..

Q1 Firstly, please provide one short overview paragraph (anonymised) giving some background information about LAC having this community-based impact; how this came about; the role that LAC played; what progress has been made to date; thoughts about future sustainability.

I was introduced to Ms U by Alan from the PPG. She was a carer that attended the surgery and was passionate about supporting other carers and ensuring that there was a universal offer of support as she had found it really difficult to find the correct information quickly. On meeting she explained that, for her, this had a negative impact on her own mental health which made the stress of caring even greater. She wanted to make a difference but had no idea where to start or how to go about it.
With the support of Local Area Coordination, Ms U has been enabled to begin a new group that can allow local carers to have fun and offer peer support. She has played an integral part in the development of a new carers support pack and has now been linked with Nxt generation and the Barwell Lions to offer financial support for the group into the future.

Q2. Please provide a short overview about the demographics of the beneficiaries involved – age, gender, ethnicity, plus anything else you think relevant.

The carers that attend the group are predominantly female with only one male in attendance. One attendee is Eastern European and one from Black Caribbean origin, the rest are White British. The male attendee is 21 whilst the females range from mid-forties to mid-fifties.

Q3. Please provide a short overview of any signposting or referrals you have carried out to other organisations, on behalf of the beneficiaries involved.

To date, Support for Carers, Carers health and wellbeing and rethink mental illness have attended the group to ensure that they are aware of support available to them. The have also been introduced to the Community House to enable local support at any time that they may require it and informed of the groups that are running currently

Q4. What do you think worked particularly well in terms of how LAC has worked in this community-based example you are providing?

Ms U was passionate but unsupported previously, feeling supported allowed Ms U to feel that she was capable of meeting her own challenge. LAC's local knowledge of assets and other professionals allowed for getting the right people in the room at the right time to support making a change. Having links with the community house allowed for the offer of a free venue to allow the group to form and grow before having to become constituted. This means that confidence and skills have the change to develop naturally before pressure to look for funding is necessary.

Alongside this, links with other assets in the Barwell area such as the Barwell Lions and Next Generation have given great links to look for further funding in the future which will allow for sustainability. Skills within the LAC team have allowed for the easy development of a group poster and links to inform other professionals of the group

Q5. And has anything not worked so well / gone to plan in terms of how LAC has worked in this community-based example? Why do you think that is? Have you changed anything as a result – if so, please tell us what?

The Carer Support Lead was a little slow in contacting local carers to inform them of the group which was a little frustrating for Ms U but that is all.

Q6. Can you provide one good practice example of how LAC worked with partners/other organisations to support this community-based activity?

Support for Carers and Carers Health and wellbeing are by far the experts in this area. Linking in with them allowed for best support for Ms U and group members

Q7. Can you provide one key challenge relating to how LAC worked with partners/other organisations to support this community-based activity?

Having developed a good working relationship with Militza from the Community House has meant that there were no real challenges in this instance.

Q8. What do you think LAC did that other models of service delivery/ways of working could not or did not do – what do you think has been distinctive about LAC in this community-based example?

LAC allows people to be the experts in their own life but supports them to make the changes that they feel are necessary. In this way, we model what the group also hopes to offer by way of peer support and evolution of the groups wants to be organic according to the vision of the group.

Q9. What do you think contact with LAC has enabled the community group / community / beneficiaries to achieve or do, which they wouldn't otherwise have been able to?

Other groups for carers are organised by professional bodies and therefore need to meet the requirements of funding streams and professional led. This group is led by the members and determined according to what their vision for it is and funds can be negotiated according to these decisions in order that the group can become self-sufficient. Outside of Support for Carers, professional speakers will only be called upon at the request of the group. Ms U had wanted to develop the group for a long period of time but had previously not had the support to make it happen.

Q10. For each of the following, please can you provide a snapshot of the key outcomes which you think have been achieved via LAC's work in this community-based example:

a. Individual outcomes: [example themes: personalised support / single point of access to services / health and mobility / QoL / social interaction and reduced isolation / community connectivity / mental wellbeing and self-esteem / facilitating independence / self-efficacy and resilience]

Self-efficacy,
Resilience,
Greater social interaction and
Reduced isolation alongside a greater mental wellbeing and
Better self-esteem.

b. Community outcomes: [example themes: increase in community links and networks / increased community capacity and assets / community cohesion / volunteering levels / community pride and ownership / increased capacity of VSC / tangible funding bids / environmental QoL and fear of crime – ASB, litter, dog fouling]

Increase in Community Links and Networks
Increased community capacity,
Great use of community assets
Increased capacity of VCS

c. HSC integration outcomes: [example themes: Coordinators as single point of access for service use and service navigators / increased links with other services linked to wider determinants of health / avoidance of duplication in services / reduced demand for secondary care or other services]

Increased links with other services
Reduced demand for secondary care through Carer Strain

Q11. Please note below any other points that you think are relevant which have not been included so far.

Ms U felt that all other carer groups took place during the day time and were attended by carers who were much older than herself. Whilst she appreciated that these groups were invaluable for those attending them, she felt that they did not meet her needs. There was a large hole in provision for carer support that she wanted to fill. To be able to not only offer an evening group, but to ensure that younger people are represented was really important to her and this group has given her the space to meet others and use her skills. Not only this, but the group members feel that their view point is valued and the carers pack is now being shaped by the real experience of carers rather than a purely professional view.

Leicestershire Local Area Coordination Evaluation:
LAC Coordinator Community Case Study 7 July 2016: Melton

Please provide a case study based on an example of LAC having a positive community-based impact. This could be a new local community group which LAC has helped get established, or support provided by LAC to enable an existing group to obtain funding. Please feel free to include any photographs (provided that there are no issues of consent. Please do not include any photos of children).

Please could each LAC Coordinator complete the template below electronically (with any beneficiary details anonymised) and return to Anne at MEL Research by **15th July 2016** (copying in Simon). NB: This should be an example not already captured in a case study compiled by the LAC Coordinators or prepared for MEL previously.

Date of completion: ……15. 7. 16……

Completed by: ……Shanti Patman……..

LAC area: ……Melton ……..

Q1 Firstly, please provide one short overview paragraph (anonymised) giving some background information about LAC having this community-based impact; how this came about; the role that LAC played; what progress has been made to date; thoughts about future sustainability.
The library have recently started hosting a monthly volunteer lead "Relax and Sew" group. This came out of a taster day in MH week which was supported and promoted by LAC. The volunteer provides some resources and supports participants informally to create simple pieces. It is an informal environment and encourages skills sharing and confidence building. LAC promoted this activity with participants and at the first session the only people there were ones who had been introduced by LAC workers. We stayed and supported the participants as well as encouraging other Library users to join in.
Before the next session LAC workers sent information to all partners and reminders to beneficiaries. Once again LAC workers met the beneficiaries at the group and joined in with the activities finding extra resources and facilitating group support.
The individual members are now beginning to interact with each other more succesfully and are beginning to provide mutual support. Without LAC intervention the group would not have had any members.
LAC promoted and successfully integrated the group into the celebration in order to promote it even further and more people have now expressed an interest in joining

Q2. Please provide a short overview about the demographics of the beneficiaries involved – age, gender, ethnicity, plus anything else you think relevant.
All Female 36-65 + years. Low level mental health, learning difficulties

Q3. Please provide a short overview of any signposting or referrals you have carried out to other organisations, on behalf of the beneficiaries involved.
Signposted to other activities including craft group, Library use

Q4. What do you think worked particularly well in terms of how LAC has worked in this community-based example you are providing?
It has enabled the group to develop and the LAC worker has been able to support the volunteer leader by building up the group's ethos and allowing her to focus on the activities

Q5. And has anything not worked so well / gone to plan in terms of how LAC has worked in this community-based example? Why do you think that is? Have you changed anything as a result – if so, please tell us what?
This is still a small group and in its initial stages so it is hard to make any conclusions

Q6. Can you provide one good practice example of how LAC worked with partners/other organisations to support this community-based activity?
Shared the information with Adult Social Care, other support workers who will now introduce others to the group

Q7. Can you provide one key challenge relating to how LAC worked with partners/other organisations to support this community-based activity?
It relies on a volunteer

Q8. What do you think LAC did that other models of service delivery/ways of working could not or did not do – what do you think has been distinctive about LAC in this community-based example?
Shared information with other partners both in statutory and voluntary areas.
Flexible in encouraging members through informal ways- texts, phone calls accompanied visits etc

Q9. What do you think contact with LAC has enabled the community group / community / beneficiaries to achieve or do, which they wouldn't otherwise have been able to?
Influenced the inclusive nature of the group and given participants additional confidence to attend

Q10. For each of the following, please can you provide a snapshot of the key outcomes which you think have been achieved via LAC's work in this community-based example:

a. Individual outcomes: [example themes: personalised support / single point of access to services / health and mobility / QoL / social interaction and reduced isolation / community connectivity / mental wellbeing and self-esteem / facilitating independence / self-efficacy and resilience]

Personalised support
Quality of Life
Connectivity and reduction of social isolation
Increased self-esteem- LAC worker and volunteer use praise all the time about their efforts.

b. Community outcomes: [example themes: increase in community links and networks / increased community capacity and assets / community cohesion / volunteering levels / community pride and ownership / increased capacity of VSC / tangible funding bids / environmental QoL and fear of crime – ASB, litter, dog fouling]

LAC support is making the group sustainable

c. HSC integration outcomes: [example themes: Coordinators as single point of access for service use and service navigators / increased links with other services linked to wider determinants of health / avoidance of duplication in services / reduced demand for secondary care or other services]

Q11. Please note below any other points that you think are relevant which have not been included so far.

Melton LAC has been more involved in individual work, using light touch support for groups as many of them have been in existence for some time.

Leicestershire Local Area Coordination Evaluation:
LAC Coordinator Community Case Study 8 July 2016: Asfordby

Please provide a case study based on an example of LAC having a positive community-based impact. This could be a new local community group which LAC has helped get established, or support provided by LAC to enable an existing group to obtain funding. Please feel free to include any photographs (provided that there are no issues of consent. Please do not include any photos of children).

Please could each LAC Coordinator complete the template below electronically (with any beneficiary details anonymised) and return to Anne at MEL Research by **15th July 2016** (copying in Simon). NB: This should be an example not already captured in a case study compiled by the LAC Coordinators or prepared for MEL previously.

Date of completion: …9 July 2016……

Completed by: Mary Sawu…….

LAC area: …Asfordby……..

Q1 Firstly, please provide one short overview paragraph (anonymised) giving some background information about LAC having this community-based impact; how this came about; the role that LAC played; what progress has been made to date; thoughts about future sustainability.
Local Luncheon Club for the elderly run by a voluntary organisation. LAC got involved when the Luncheon Club had just been taken over by new volunteers. Previously the Lunch club had meals delivered through the County Council. The meals were reportedly not very good therefore the numbers attending had gone down significantly. Among the new volunteers was a qualified catering cook, she volunteered to do the cooking herself using fresh ingredients. The new volunteers contacted me for support with publicity and referrals.

Numbers have gone up, at the moment they are fully booked every week resulting in a waiting list. We have worked together to prioritise the needy citizens who only get one cooked meal per week a the lunch club.

LAC has also introduced more volunteers to help with the setting up, clearing and tidying up.

Q2. Please provide a short overview about the demographics of the beneficiaries involved – age, gender, ethnicity, plus anything else you think relevant.
age frailty
Male and female
disability
dementia
mental health
carers

Q3. Please provide a short overview of any signposting or referrals you have carried out to other organisations, on behalf of the beneficiaries involved.
Some of my citizens have come from the Luncheon Club. I attend the Lunch Club on a regular basis to catch up with citizens. During this time I give them updates of what going on and they can ask me questions as well. Some will request a home visit when they see me at the Lunch Club. Beneficiaries have been referred and signposted to a range of groups, activities, agencies as follows:
Local Groups
Adult Learning
Adaptations
Carers Support
DWP
Adult Social Care
GP
Hearing Clinic / Eye Clinic

Q4. What do you think worked particularly well in terms of how LAC has worked in this community-based example you are providing?
Building a relationship
Trust – delivering promises
Keeping in touch
Being accessible

Q5. And has anything not worked so well / gone to plan in terms of how LAC has worked in this community-based example? Why do you think that is? Have you changed anything as a result – if so, please tell us what?
All has been good so far, the group is very welcoming and inclusive.

Q6. Can you provide one good practice example of how LAC worked with partners/other organisations to support this community-based activity?
LAC has referred volunteers to support the community group.

Q7. Can you provide one key challenge relating to how LAC worked with partners/other organisations to support this community-based activity?
The challenge is moving the venue to bigger premises in order to accommodate the people on the waiting list. However there is nothing available that is suitable in the Village. Travelling outside the village is not an option for the frail member of the group.

Q8. What do you think LAC did that other models of service delivery/ways of working could not or did not do – what do you think has been distinctive about LAC in this community-based example?

Q9. What do you think contact with LAC has enabled the community group / community / beneficiaries to achieve or do, which they wouldn't otherwise have been able to?
Lots of referrals of members and volunteers. The group would fold without the members and they would not manage without the volunteers

Q10. For each of the following, please can you provide a snapshot of the key outcomes which you think have been achieved via LAC's work in this community-based example:

a. Individual outcomes: [example themes: personalised support / single point of access to services / health and mobility / QoL / social interaction and reduced isolation / community connectivity / mental wellbeing and self-esteem / facilitating independence / self-efficacy and resilience]

Social interaction - getting together to share a meal.

Health and wellbeing – for some of the members it is the only cooked meal they have in a week. And for some it is the highlight of their week.

Reduced isolation – making friends, building networks, having a conversation

Community connectivity – being involved and contributing and feeling valued

Mental wellbeing – having someone to talk to, getting out of the house, having a sense of purpose and something to look forward to. Going to the lunch club gives them a reason to wake up in the morning.

Self-esteem – being surrounded by friends, sharing similar life experiences, feeling you are not alone helps to build confidence and self esteem.

b. Community outcomes: [example themes: increase in community links and networks / increased community capacity and assets / community cohesion / volunteering levels / community pride and ownership / increased capacity of VSC / tangible funding bids / environmental QoL and fear of crime – ASB, litter, dog fouling]

Increased community capacity, the Lunch Club has become a great community asset.
Community cohesion increased – eg one of the citizens brings a bottle of wine to share during the meal.
They remember and acknowledge each other's birthdays.
There is community pride and ownership. More people willing to volunteer and support the club

c. HSC integration outcomes: [example themes: Coordinators as single point of access for service use and service navigators / increased links with other services linked to wider determinants of health / avoidance of duplication in services / reduced demand for secondary care or other services]

LAC is accessible and visible within the community, often dropping by to catch up with everyone –members and volunteers. LAC is able to have a chat and give infor and advice, bringing them up to date with other activities of interest locally.

Q11. Please note below any other points that you think are relevant which have not been included so far.
People are willing to help and support others in their community but they feel they are intruding or being nosey. LAC is able to encourage and facilitate people to volunteer and support their communities.

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